MyPEO
COMPANY

Employee Direct Deposit Application

Company Name_____ Client ID_____

Employee Name_____ Social Security#_____

To Initiate Direct Deposit:

I hereby authorize MyPEO to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit in error on my account indicated below and the depository named below to credit and/or debit the same to such account.

This authority is to remain in full force and effect until MyPEO has received written notification from me of its termination in such time and such manner as to afford MyPEO and a depository a reasonable opportunity to act on it.

I realize that MyPEO is not responsible for any deposits that are not in my account by my regular payday. I further realize that depending on my bank, a deposit that MyPEO has initiated may take up to three to five business days to affect my account.

Amount To Be Deposited   **Deposited Into** (Check One)

___ Full Paycheck   ___ Checking Account (Attach voided check)
___ Percentage _____   ___ Savings*

*Savings – If using a deposit or withdrawal slip for a savings account, please include the bank's phone number.
Bank Phone Number _____

Attach Voided Check Here or Printed Information from Banking Institution

Employee name must be on the account, otherwise deposit may be rejected and all fees incurred will be the responsibility of the employee.

Employee Signature_____ Date_____