

Income Tax & Payroll Services

(323)732-2725 Fax (323)732-1313

Email: Information@IT-PSS.Com

EMPLOYEE DIRECT DEPOSIT ENROLLMENT FORM

Payroll Manager—Please complete this section and fax or mail the completed form.

Company Code: _____ **Company Name:** _____ **Employee ID Number:** _____

Payroll Mgr Name: _____ **Payroll Mgr Signature:** _____

The Remaining Portions Must Be Filled Out and Signed by the Employee.

Fill out this form and give it to your payroll manager if you wish to enroll in the Full Service Direct Deposit (FSDD). Attach a voided check for all your checking accounts—not a deposit slip. If you are depositing to a savings account, ask your bank for a Routing/Transit Number for your account. That number will certify that you are paid properly because the number on a savings deposit slip is not always the same.

Memo _____

Ⓘ: 012345678 Ⓘ: 123456789 ⑆⑆ 0101 ⑆⑆

Routing /Transit #
(A 9-digit number always
Between these two marks)

Checking Account

Check #
(This number matches the number in the upper
Right corner of the check-not needed for sign-up)

Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form.

Make sure to indicate what kind of account, along with amount to be deposited, if less than your total net paycheck.

1. Bank Name/City/State:

Routing/Transit #: _____

Account Number: _____

Checking Savings Other

I wish to deposit: \$ _____ or Entire Net Amount

2. Bank Name/City/State:

Routing/Transit #: _____

Account Number: _____

Checking Savings Other

I wish to deposit: \$ _____ or Entire Net Amount

Important: Please Read and Sign before Completing and Submitting.

I hereby authorize IT-PSS to deposit any amounts owed me, as initiated by my employer, by establishing credit entries to my account at the financial institution (hereinafter “Bank”) as specified on this form. Additionally, I authorize Bank to accept and to credit any credit entries indicated by IT-PSS to charge my account for an amount not to surpass the original amount of the erroneous credit.

This authorization is to remain in full force and effect until IT-PSS and Bank has received written notice from me of its termination in such time and in such manner as to afford IT-PSS and Bank reasonable opportunity to act on it.

Employee Name: _____ **Social Security Number:** _____ - _____ - _____

Employee Signature: _____ **Date:** _____

Attention Payroll Manager:

Employers must keep each original employee enrollment form on file as long as the employee is using Full Service Direct Deposit, and two years thereafter.