



DIRECT DEPOSIT AUTHORIZATION (Please Print Clearly)

Internal Use Only
Company ID# _____ Date Received _____ Initials: _____

Employee Name: _____ **Social Security:** _____

Employer: _____

Please Indicate:

- This is a new Direct Deposit
- this form replaces all previous forms this form is in addition to my existing Direct Deposit

I authorize DynamicHR to make credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account at the Financial Institution indicated below. The Depository is authorized to credit and/or debit the same to my account. This authorization is to remain in effect until DynamicHR has received written notification of termination from me, and until DynamicHR and the Financial Institution have had a reasonable opportunity to act. **I UNDERSTAND THAT MY ACCOUNT MAY NOT BE CREDITED FOR 2 BUSINESS DAYS FROM CHECK DATE, DEPENDING UPON THE POLICIES OF THE FINANCIAL INSTITUTION**

Employee Signature **Date**

FIRST ACCOUNT SET UP FOR DIRECT DEPOSIT

- Checking (Voided Check Required) Savings (Voided Savings Account Slip Required)

Financial Institution:	Branch:
Account Number:	Routing Number: _____ (First 9 digits at the bottom of the check)
<input type="checkbox"/> Net Check	<input type="checkbox"/> Amount <input type="checkbox"/> Percent %

SECOND ACCOUNT SET UP FOR DIRECT DEPOSIT

- Checking (Voided Check Required) Savings (Voided Savings Account Slip Required)

Financial Institution:	Branch:
Account Number:	Routing Number: _____ (First 9 digits at the bottom of the check)
<input type="checkbox"/> Net Check	<input type="checkbox"/> Amount <input type="checkbox"/> Percent %

**DIRECT DEPOSIT OFTEN TAKES UP TO 2 PAYROLLS TO TAKE EFFECT.
YOUR FIRST CHECK WILL BE A LIVE CHECK.**