

**Simple HR** The Employee Management Solution **Payroll Payment Option Form**

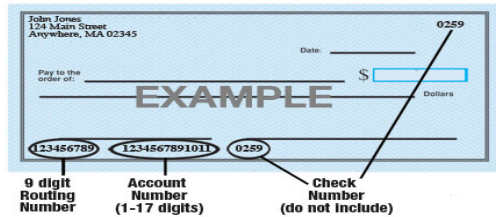
Employees can elect the option for **Direct Deposit**, **Simple Pay Pay Card** or **both**.  
If both options are selected, please indicate the deposit amount for each option.

**Completed by Employee:**  New Enrollment     Cancel Enrollment     Additional Enrollment

**Direct Deposit**

To enroll in direct deposit, simply fill out this form and give it to your manager or Simple HR payroll processor. **Attach a voided check for each checking account- not a deposit slip.** If depositing to a savings account, ask your bank to give you a bank specification sheet with the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help to ensure that you are paid correctly.

Account Information:



This is a sample check detailing where the information necessary to complete this form can be found.

Bank Name/City/State: \_\_\_\_\_

Routing/Transit#:  Account Number:

Checking     Savings    I wish to deposit: \$ \_\_\_\_\_ or  Entire Net Amount

Social Security Number:  -  -

Client Company Name: \_\_\_\_\_ Client Number: \_\_\_\_\_

**Simple Pay Pay Card**

Your wages will be deposited into an account with a participating bank that can be accessed using a pay card. The card functions much like a debit card allowing you to access your money at ATMs and Maestro point-of-sale merchants (for purchases). The system provides for one free ATM or Pin Code transaction after each deposit of funds, but certain fees may apply for additional transactions. You will be provided with additional information if you choose this pay method.

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

Check here if this form is being provided for special use and is not intended to replace automatic deposit information for ongoing payroll payments.

**For Simple HR Office Use Only**

Routing #: 064206594    Account #:

**Important! All employees please read and sign before completing and submitting.**

I hereby authorize my employer (hereinafter "Company") to deposit any amounts owed me by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") listed above. Further, I authorize Bank to accept and to credit any credit entries indicated by Company to my accounts. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

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

Employee First Name:  Last:

Employee Signature: \_\_\_\_\_ Date & Time: \_\_\_\_\_

Client Company: \_\_\_\_\_

Email Address: \_\_\_\_\_

