Application for Direct Deposit

Instructions for payroll direct deposit: (For assistance in filling out this form or information concerning direct deposit of your paycheck, please call (251) 471-9320.

Worksite Employer: _____

Employee Identification:

Last Name	First Name	MI	Social Security Number

Street Address	City	State	Zip

Bank Identification:

Bank Name	Street Address	City	State	Zip

Bank Transit (or Routing Number) _____

Type: ☐ Checking Account Number: _____ _____ %

☐ Savings Account Number: _____ _____ %

Please attach copy of voided check to this form.

DIRECT DEPOSIT/ACH TERMS AND CONDITIONS

Any employee of a client, having payroll processed and managed by HR-1 SOURCE, who wants their payroll check made to them via Direct Deposit / ACH must read and sign the following terms and conditions to acknowledge that they agree to said terms and conditions as stated and set forth by HR-1 SOURCE.

1) Direct Deposits / ACH funds are not ***guaranteed*** available for seventy-two (72) hours from the payroll office initiation time due to processing at the Federal Automated Clearing House. ***This is (3) business days…It Does NOT Include Weekends and/or Holidays).*** It generally only requires 24 hours, and I should verify with my financial institution that the funds have been received before accessing the monies.
2) HR-1 SOURCE will not be responsible for monies not available on an employee's pay date, (as stated in condition number one), if your employer does not submit your payroll hours to our office in a timely manner. If you have a question regarding when your employer submits your payroll time, as opposed to your scheduled pay date, please contact your employer directly.
3) HR-1 SOURCE will not be responsible for any fees that are incurred as a result of instruments being written or presented to your bank against funds that are not yet available to your account due to any of the above conditions.

DECLINATION OF POLICY:

By signing below, I understand I am indicating that I DO NOT wish to initiate / continue with Direct Deposit / ACH by HR-1 SOURCE. I also understand that if I do not sign either section of this authorization, I am indicating that I DO NOT wish to participate in this policy.

_____ _____/_____/_____

Employee Signature Date

ACCEPTANCE OF POLICY:

By signing below, I am indicating that I have read and understand the above conditions of the Direct Deposit / ACH policy and authorize HR – 1 SOURCE to initiate this policy for my personal account.

_____ _____/_____/_____

Employee Signature Date