

DIRECT DEPOSIT AUTHORIZATION

CLIENT NAME _____ DATE _____

EMPLOYEE NAME _____ SS # _____

DEPARTMENT _____ POSITION _____

I authorize and request Fortune Business Solutions to make the following payroll deductions each pay period:

ACCOUNT 1

I WOULD LIKE TO:

- Set up a new direct deposit account
- Change my existing direct deposit account
- Cancel my direct deposit

TYPE OF ACCOUNT:

- Checking Account
- Savings Account
- Pay Card Account

TYPE OF DEPOSIT:

- Full Deposit Direct deposit my entire net paycheck
- Partial Deposit Direct deposit the amount of \$ _____ (no percents)

ACCOUNT INFORMATION:

Name of Institution _____

Account # _____ ABA/Routing # _____

ACCOUNT 2

I WOULD LIKE TO:

- Set up a new direct deposit account
- Change my existing direct deposit account
- Cancel my direct deposit

TYPE OF ACCOUNT:

- Checking Account
- Savings Account
- Pay Card Account

TYPE OF DEPOSIT:

- Full Deposit Direct deposit my entire net paycheck
- Partial Deposit Direct deposit the amount of \$ _____ (no percents)

ACCOUNT INFORMATION:

Name of Institution _____

Account # _____ ABA/Routing # _____

The authority is to remain in effect until Fortune Business Solutions receives written notification from me of its termination in such time and in such manner as to afford Fortune Business Solutions and the Financial institution a reasonable opportunity to act accordingly.

EMPLOYEE SIGNATURE _____ DATE _____

NOTE: Please allow 3 (three) payroll cycles for account processing.

- For Checking Accounts - Please attach a copy of a "void" check. **Deposit slips are not acceptable.**
- For Savings Accounts - Please attach a direct deposit form provided by your financial institution.
- For Pay Cards - Please attach a copy of your enrollment form.