

Employee Information

Employee Name:		Last 4 digits of Soc. Sec. No:
Client Company Name:		Work Phone:
Email: (For online paystub notification) <input type="checkbox"/> Home <input type="checkbox"/> Work	<input type="checkbox"/> New Enrollment <input type="checkbox"/> Decline <input type="checkbox"/> Add / Change <input type="checkbox"/> Delete	Home Phone:
Employee Signature:		Date:

I hereby authorize Employer Flexible HR, herein referred to as Employer / Company, to initiate credit entries (deposits) and to initiate, if necessary, debit entries (withdrawals) and adjustments for any credit entries made in error to my account(s) indicated below, to credit and / or debit the same to such account(s). It is my responsibility to provide accurate data and to notify Employer Flexible of any changes or corrections to my financial institution account information. I acknowledge that if I submit a change in financial institution information, that I may receive one or more physical, negotiable paycheck(s) until the new Bank information is processed. I understand that any new or changed direct deposit(s) will not be processed for approximately 3 weeks from Employer Flexible HR's receipt of this form. It is understood that the following situations may result in my receiving a physical, negotiable paycheck: network electronic failure, my becoming subject to any attachment, garnishment, or levy, or if I terminate employment. I agree to hold harmless the above named Bank(s) and Employer Flexible for any erroneous deposits or adjustments. I understand that Employer Flexible reserves the right to reverse direct deposit of funds paid in error. I understand that it is my responsibility to verify funds deposited into my designated account(s) prior to performing transactions on expected funds. Neither Employer Flexible nor _____ (Client Company) is responsible for insufficient funds charges posted to my designated account(s) due to errors in electronic funds transfer.

Because you have elected direct deposit, you will receive electronic paystubs. On your payday, you will be sent an email to the address you indicated above which contains a reminder along with a secured link to access, view, and or print your records. I understand that I can obtain a written copy of my paystub information at any time by making a request to Employer Flexible.

Primary Banking Information

Bank Name:		Bank Phone:
Bank Address:		
<input type="checkbox"/> Checking Amt: \$_____ (if NET, write NET) Routing Code: _____ Account No: _____	<input type="checkbox"/> Savings Amt: \$_____ (if NET, write NET) Routing Code: _____ Savings Acct. No: _____	

Secondary Banking Information

Bank Name:		Bank Phone:
Bank Address:		
<input type="checkbox"/> Checking Amt: \$_____ (if NET, write NET) Routing Code: _____ Account No: _____	<input type="checkbox"/> Savings Amt: \$_____ (if NET, write NET) Routing Code: _____ Savings Acct. No: _____	

**ATTACH YOUR PERSONAL CHECK(S)
MARKED "VOID" HERE**