



# DIRECT DEPOSIT SET UP/CHANGE REQUEST FORM

**\*\*This form will only be accepted if filled out completely and signed below\*\***

Company Name \_\_\_\_\_ Company # \_\_\_\_\_

Employee/Worker Name \_\_\_\_\_

First

Last

**EMPLOYEE/WORKER:** Retain a copy of this form for your records. Return the original to your employer

**EMPLOYER:** File original form for your records. For in bureau processing, send a copy to your payroll specialist

**COMPLETE ALL FIELDS TO SET UP/ADD/CHANGE BANK ACCOUNTS PRINT CLEARLY IN BLACK OR BLUE INK ONLY**

Type of Account:  Checking  Savings  Paycard\*\*

Routing/ABA Number \_\_\_\_\_ (Must be 9 digits. Will not start with "5")

Checking/Savings Account Number \_\_\_\_\_ (Include any leading and ending zeros)

Financial Institution (Bank Name) \_\_\_\_\_

I wish to deposit (check one)  % of Net  Specific Dollar Amount \$ \_\_\_\_\_ .00  Remainder of Net Pay

Type of Account:  Checking  Savings  Paycard\*\*

Routing/ABA Number \_\_\_\_\_ (Must be 9 digits. Will not start with "5")

Checking/Savings Account Number \_\_\_\_\_ (Include any leading and ending zeros)

Financial Institution (Bank Name) \_\_\_\_\_

I wish to deposit (check one)  % of Net  Specific Dollar Amount \$ \_\_\_\_\_ .00  Remainder of Net Pay

**COMPLETE IF CHANGING EXISTING DEPOSIT AMOUNTS PRINT CLEARLY IN BLACK OR BLUE INK ONLY**

Type of Account:  Checking  Savings  Paycard\*\*

Routing/ABA Number \_\_\_\_\_ (Must be 9 digits. Will not start with "5")

Checking/Savings Account Number \_\_\_\_\_ (Include any leading and ending zeros)

Financial Institution (Bank Name) \_\_\_\_\_

I wish to change my deposit (check one) From:  % of Net To:  % of Net

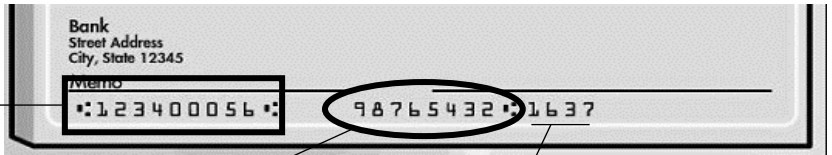
\$ \_\_\_\_\_ .00  \$ \_\_\_\_\_ .00

Remainder of Net Pay  Remainder of Net Pay

**\*\* Note:** If you have a paycard, set it up as a checking account. Contact the paycard issuer for the routing and account number.

Below is a sample check MICR line, detailing where to locate your routing and account number

ROUTING/ABA: Always a 9-digit number



CHECKING ACCT #: includes all leading and ending zeros

CHECK #: Not needed for set up

**REQUIRED DOCUMENTATION**

**ONE OF THE FOLLOWING IS REQUIRED TO PROCESS THIS ENROLLMENT (Check One):**

Voided Check (employee's name and address must be visible)

Bank letter (the signature of your bank representative must be included)

Other Bank Documentation from your financial institution

**EMPLOYER CONFIRMATION:** I confirm that the aforementioned employee/worker has added or changed a bank account for direct deposit transactions. I acknowledge by signing this document that I am giving my consent for Portland Payroll, Inc to use the provided banking information for future deposits to this employee

**\*This form will only be accepted if filled out completely and signed\***

**Employer Printed Name** (Authorized Contact Only) : \_\_\_\_\_

**Employer Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Effective: 09/2019