



Company Name: _____

CO. Number: _____

Phone: 503-520-1384 Fax: 503-520-1385

DIRECT DEPOSIT INFORMATION

(A voided check or bank generated letter is required to process this enrollment / change)

Routing Number: _____ Account Type: Checking _____ Savings _____

Account Number: _____ Amount \$ _____ or % _____

Routing Number: _____ Account Type: Checking _____ Savings _____

Account Number: _____ Amount \$ _____ or % _____

Routing Number: _____ Account Type: Checking _____ Savings _____

Account Number: _____ Amount \$ _____ or % _____

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 to Premier Payroll NW to use the provided banking information for future deposits for this employee.

Employee Signature: _____ Date: _____

Employer Printed Name: _____ Employer Signature: _____