

The Next Level of Payroll Solutions

Employee Direct Deposit Enrollment Form

Payroll Manager - Please complete this section and send a copy to Balance Point.

Routing Transit #: Account Number Checking Savings Other I wish to deposit: \$ or Entire N Bank Name Routing Transit #: Account Number Checking Savings Other I wish to deposit: \$ or Entire N	Company Code	Company Name			
deposit slip. If depositing to a savings account, ask your bank to provide you with a spec sheet. The spec sheet should list the Routing number and account number for your account. Important - Please read and sign before completing and submitting. I hereby authorize Balance Point Payroll to deposit any amounts owed to me, as instructed by my employer, by initiating credit en account at the financial institution (hereinafter referred to as "Bank") indicated on this form. Additionally, I authorize Bank to accept and any amounts indicated by Balance Point Payroll to my account. In the the event that Balance Point Payroll deposits funs erroneously into account or the corresponding payroll is not funded properly, I authorize Balance Point Payroll to debit my account for an amount not to design amount of the erroneous or unfunded credit. This authorization shall remain in force and effect until Balance Point Payroll and Bank have received written notice from me of it's termination in such time and in such manner as to afford Balance Point Payroll and Bank an oppurtunity to act. Employee Name: Employee Signature: Date: Account Information Please fill out COMPLETELY to ensure accurate and timely payment. Bank Name Routing Transit #: Account Number Checking Savings Other I wish to deposit: \$ or Entire Name of the payroll of the payr	Authorized by:	Signature			
I hereby authorize Balance Point Payroll to deposit any amounts owed to me, as instructed by my employer, by initiating credit en account at the financial institution (hereinafter referred to as "Bank") indicated on this form. Additionally, lauthorize Bank to accept an any amounts indicated by Balance Point Payroll to my account. In the the event that Balance Point Payroll deposits funs erroneously into account or the corresponding payroll is not funded properly, I authorize Balance Point Payroll to debit my account for an amount not to coriginal amount of the erroneous or unfunded credit. This authorization shall remain in force and effect until Balance Point Payroll and Bank have received written notice from me of its termination in such time and in such manner as to afford Balance Point Payroll and Bank an oppurtunity to act. Employee Name: Employee Signature: Date: Account Information Please fill out COMPLETELY to ensure accurate and timely payment. Bank Name Routing Transit #: Account Number Checking Savings Other I wish to deposit: \$ or Entire Name Routing Transit #: Account Number Checking Savings Other I wish to deposit: \$ or Entire Name Bank Name Checking Savings Other I wish to deposit: \$ or Entire Name	•	savings account, ask your bank to provide	you with a spec sheet. The spec		-
Employee Signature:	I hereby authorize Balance account at the financial institution any amounts indicated by Balance account or the corresponding pay original amount of the erroneous This authorization shall ren	Point Payroll to deposit any amounts owe n (hereinafter referred to as "Bank") indica e Point Payroll to my account. In the the e yroll is not funded properly, I authorize Bal s or unfunded credit. main in force and effect until Balance Point	ed to me, as instructed by my emp ated on this form. Additionally, I is event that Balance Point Payroll do lance Point Payroll to debit my ac	authorize B eposits funs count for a written noti	Bank to accept and to credit s erroneously into my n amount not to exceed the
Employee Signature:	community in Such time and in St	asand as to alloru baldine POINT Pay	. 5 and bank an oppurtunity to a		
Account Information Please fill out COMPLETELY to ensure accurate and timely payment. 1) Bank Name Routing Transit #: Account Number Checking Savings Other I wish to deposit: \$ or Entire N 2) Bank Name Routing Transit #: Account Number Checking Savings Other I wish to deposit: \$ or Entire N Bank Name Bank Name	Employee Name:				
Please fill out COMPLETELY to ensure accurate and timely payment. 1) Bank Name Routing Transit #: Checking Savings Other I wish to deposit: \$ or Entire N 2) Bank Name Routing Transit #: Account Number Checking Savings Other I wish to deposit: \$ or Entire N Bank Name Checking Savings Other I wish to deposit: \$ or Entire N Bank Name	Employee Signature:		Date:		
1) Bank Name Routing Transit #: Account Number Checking Savings Other I wish to deposit: \$ or Entire N 2) Bank Name Routing Transit #: Account Number Checking Savings Other I wish to deposit: \$ or Entire N Bank Name					
Routing Transit #: Checking Savings Other I wish to deposit: \$ or Entire N Bank Name Routing Transit #: Account Number Checking Savings Other I wish to deposit: \$ or Entire N Bank Name Checking Savings Other I wish to deposit: \$ or Entire N Bank Name		ensure accurate and timely payment.			
Checking Savings Other I wish to deposit: \$ or Entire N Bank Name Routing Transit #: Account Number Checking Savings Other I wish to deposit: \$ or Entire N Bank Name	·		Account Number		
Routing Transit #: Account Number or Entire N 3) Bank Name		ings Other I wish to depo	osit: \$	or	Entire Net Pay
Checking Savings Other I wish to deposit: \$ or Entire N 3) Bank Name	2) Bank Name		-		
3) Bank Name	Routing Transit #:		Account Number		
	Checking Savi	ings Other I wish to depo	osit: \$	or	Entire Net Pay
Routing Transit #: Account Number	3) Bank Name		-		
	Routing Transit #:		Account Number		
☐ Checking ☐ Savings ☐ Other I wish to deposit: \$ or ☐ Entire N	Checking Savi	ings	osit: \$	or	Entire Net Pay
Email Address To receive password protected stub via email employee entire net pay needs to be direct deposited.	Email Address	To receive password protected stub via email employee	e entire net pay needs to be direct deposited	1.	

Attention Payroll Manager

Please retain a copy for your records and forward a copy to Balance Point Payroll.