

# Direct Deposit Authorization



## General Information

<b>Client Name:</b>	<b>Date:</b>
<b>Employee Name:</b>	<b>SSN:</b>
<b>Department:</b>	<b>Position:</b>

I authorize and request Synuity 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 percentages)

### Account Information:

Name of Institution: \_\_\_\_\_  
Account Number: \_\_\_\_\_ ABA/Routing Number: \_\_\_\_\_

## 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 percentages)

### Account Information:

Name of Institution: \_\_\_\_\_  
Account Number: \_\_\_\_\_ ABA/Routing Number: \_\_\_\_\_

The authority is to remain in effect until Synuity receives written notification from me of its termination in such time and in such manner as to afford Synuity 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 Account - Please attach a direct deposit form provided by your financial institution,

For Pay Cards - Please attach a copy of your enrollment form.