

# DIRECT DEPOSIT

## AUTHORIZATION FORM

Client Name: \_\_\_\_\_

Employee Last Name: \_\_\_\_\_ Employee First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Employee Social Security Number: \_\_\_\_\_

Request Action: ☐ New ☐ Change

Primary Account Bank Name: _____	
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Payroll Debit Card	
Routing Number* (9 digits): _____	Account Number: _____
Deposit Rule: <input type="checkbox"/> Available Balance <input type="checkbox"/> Dollar Amount \$ _____ <input type="checkbox"/> Percent Amount _____ %	

Secondary Account Bank Name: _____	
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Payroll Debit Card	
Routing Number*: (9 digits) _____	Account Number: _____
Deposit Rule: <input type="checkbox"/> Available Balance <input type="checkbox"/> Dollar Amount \$ _____ <input type="checkbox"/> Percent Amount _____ %	

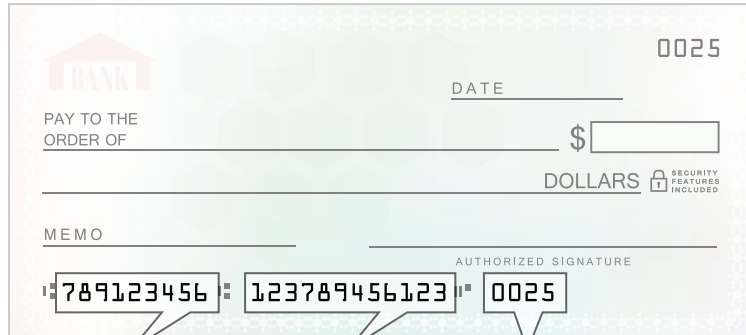
Name (please print): \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

I authorize FrankCrum to initiate credit and/or debit entries to my account(s). To ensure the accuracy of the information provided to FrankCrum, I authorize FrankCrum to verbally verify the information provided herein with the applicable financial institution if necessary. The availability of funds is subject to my financial institution's policy and procedures. I will verify that my payroll funds have been deposited, cleared, and are available prior to processing automatic debits, writing checks, and debiting my account against the deposited payroll amount. FrankCrum is not responsible for overdrafts or fees on my

account(s). The accounts listed above must be in my name. A paper check will be issued for the remaining balance when the deposit rule totals less than 100%. Direct deposit may be cancelled if I provide FrankCrum with written notification, upon notification from the client, or by FrankCrum. FrankCrum and the financial institution must be provided with a reasonable opportunity to act on cancellation of the direct deposit. Upon cancellation, any further wages due to me will be in the form of a paper check.

### Example for Direct Deposit



\*Bank Routing No.      Bank Account No.      Check No.

### Example for Payroll Debit Card



\*FrankCrum's Payroll  
Routing Number:  
073972181

Note: An incorrect  
account and/or routing  
number may result in a  
\$7.00 reprocessing fee.

### INTERNAL USE ONLY

Verified by: _____	Date: _____
Processed by: _____	Date: _____