



Sheakley HR Solutions - Direct Deposit Authorization Form

FAX BACK TO 513.672.4501

Name of Client Company: _____

Employee Name: _____ SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

With each new direct deposit set up or a change in direct deposit the banks require ten (10) business days for "pre-note", which is a process used by the banks to verify your account number(s) and set them up for direct deposit. Please remember it will take a minimum of two weeks for the direct deposit to begin.

Name of Bank: _____

Bank ABA/Routing Number: _____

Account Number: _____

Account Type:

- Checking
- Savings

Deposit Amount: Net Check _____ Dollar Amount: _____

Attach voided check in box below.

I hereby authorize Sheakley HR Solutions to initiate credit entries to my account(s) in the bank(s) named above and to debit entries made in error. I authorize the bank(s) to accept and to credit or debit the amount of such entries to my account(s).

Employee Signature

Date