



Direct Deposit Authorization Form

Form can be email to [receptionist@myhrpros.com](mailto:receptionist@myhrpros.com) or faxed to (844) 224-0294

Employee Full Name: \_\_\_\_\_

Last Four Digits of Social Security Number: \_\_\_\_\_ Date Requested: \_\_\_\_\_

Company working for: \_\_\_\_\_

Bank Details:

Primary Deposit Option:

Bank Name: \_\_\_\_\_  Add Deposit  Change  Stop Deposit

Bank Routing Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

What type of account is this:  Checking  Savings

Deposit Method:

- Deposit Full Amount of Remaining Balance of Net Check
- Deposit a Fixed Amount: \$ \_\_\_\_\_
- Deposit a Percentage of Check: \_\_\_\_\_ %

Optional Secondary Deposit:

Bank Name: \_\_\_\_\_  Add Deposit  Change  Stop Deposit

Bank Routing Number: \_\_\_\_\_ Bank Account Number: \_\_\_\_\_

What type of account is this:  Checking  Savings

Deposit Method:

- Deposit Full Amount of Remaining Balance of Net Check
- Deposit a Fixed Amount: \$ \_\_\_\_\_
- Deposit a Percentage of Check: \_\_\_\_\_ %

Authorization:

I hereby authorize My HR Professionals to initiate deposit entries to my account and, if necessary, to initiate draft entries for any deposit entries made in error. I understand that adding or changing a percentage or amount will NOT stop all other deposits of amounts or percentages unless authorized by me on this form to do so. My HR Professionals will NOT be liable for any amounts sent to current accounts in error if employee did not inform SPMI to stop the account on this form. I understand that it will take up to one (1) pay period to set up and verify the routing for this procedure before the direct deposit begins. I also understand that it is my responsibility to verify that the funds are in my account prior to writing checks or making drafts against said funds. My HR Professionals will NOT be liable for any charges or fees related to returned items. I have attached required documents below, for use in setting up the direct deposit. My HR Professionals will NOT set up a direct deposit until required documents are received.

\_\_\_\_\_  
Signature Required

\_\_\_\_\_  
Today's Date

Required

\*Attach Voided Check(s)\*

Or

**Include a document from the bank with the Routing and Account Numbers (i.e. letterhead, screenshot, printout). Do not complete this form if you are not able to provide acceptable documentation as you will need to enter your direct deposit information online by going to your employee portal at [www.myhrprofessionals.com/ess](http://www.myhrprofessionals.com/ess)**