



Company: _____

Employee Information

Full Name: _____

Address: _____

City/State/Zip: _____

Phone Number: _____ Email: _____

Hire Date: _____ Department: _____ Salary/Hourly: _____

Social Security Number: _____ DOB: _____

Marital Status: _____ Children under 17: _____ Other Dependents: _____
(Please attach 2021 W4 for dependents information)

Direct Deposit

I (we) hereby authorize PaySource, Inc., hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account. This authority is to remain in full force and effect until PaySource, Inc. has received written notification from me or my employer of its termination in such time and in such manner as to afford PaySource, Inc. a reasonable opportunity to act on it.

Depository Name: _____

Account 1

Account 2

Account # _____ Account# _____

Routing # _____ Routing # _____

Type: C / S (Checking/Savings)

Type: C / S (Checking/Savings)

Amount: _____ Amount: _____

Employee Signature: _____ Date _____
(Please attach a voided check or bank authorization for all accounts)