



Direct Deposit Election Form for Temporary Employees
Employee Authorization Agreement for Direct Payroll Payments

Employee Name: _____ Last 4 digits of SSN: _____

- New Direct Deposit Setup
- Change existing Direct Deposit setup
- Cancel Direct Deposit

****Please note: The election of Direct Deposit, and the account information listed below, will remain in effect until the Boly:Welch payroll department is notified by you, in writing, that your account information has changed or that you no longer would like your checks deposited electronically, regardless of a break in employment.**

_____ (Please initial here that you have read the statement above)

A voided check, or copy of voided check, must be attached for each account. Please submit your Direct Deposit Election Form by 5 pm on Monday so that Direct Deposit is active for your next pay check

Account #1	Account type: <input type="checkbox"/> Checking (Attach voided check) <input type="checkbox"/> Savings (Attach deposit slip)
Bank Name: _____	
Routing Number: _____ Account Number: _____	
Requested amount for this account: (select one)	
<input type="checkbox"/> Entire Balance <input type="checkbox"/> % of Net Pay: _____ % <input type="checkbox"/> Specific Amount: \$ _____	

Account #2	Account type: <input type="checkbox"/> Checking (Attach voided check) <input type="checkbox"/> Savings (Attach deposit slip)
Bank Name: _____	
Routing Number: _____ Account Number: _____	
Requested amount for this account: (select one)	
<input type="checkbox"/> Remaining Balance <input type="checkbox"/> % of Net Pay: _____ % <input type="checkbox"/> Specific Amount: \$ _____	

Account #3	Account type: <input type="checkbox"/> Checking (Attach voided check) <input type="checkbox"/> Savings (Attach deposit slip)
Bank Name: _____	
Routing Number: _____ Account Number: _____	
Requested amount for this account: (select one)	
<input type="checkbox"/> Remaining Balance	

I authorize Boly:Welch to deposit my paycheck each payday directly into the account(s) listed above. **This agreement will remain in effect until I have given notice that I am terminating it, or until Boly:Welch has notified me that this service has been discontinued.** If an incorrect deposit should be made into my account(s), I authorize Boly:Welch and my bank(s) to make the appropriate adjustment(s).

Employee Signature: _____ Date: _____