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the professional fit

## EMPLOYEE DIRECT DEPOSIT FORM

### EMPLOYEE INSTRUCTIONS:

1. Complete the required employee information section.
2. Complete the Direct Deposit section and specify where you would like your pay deposited.
3. Sign and date the bottom of the form.
4. Return this form along WITH A COPY OF A VOIDED CHECK OR BANK LETTER to Savela Solutions.

### EMPLOYEE INFORMATION (REQUIRED- to be filled out by employee):

PLEASE PRINT:

Employee Name: \_\_\_\_\_ Social Security No: \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

### FOR DIRECT DEPOSIT, PLEASE COMPLETE THE FOLLOWING:

Please list below the bank account(s) in which you would like your wages/salary to be deposited:

#### Bank Account No. 1:

Bank Name: \_\_\_\_\_

**What type of account is it (check one)?**

- Checking  
 Savings

**What would you like to deposit (check one)?**

- Entire Net Pay  
 \_\_\_\_\_% of Net Pay  
 Specific Dollar Amount: \$\_\_\_\_\_ .00

**Please attach a voided check or bank letter\*(Contact your local bank representative)**

#### Bank Account No. 2:

Bank Name: \_\_\_\_\_

**What type of account is it (check one)?**

- Checking  
 Savings

**What would you like to deposit (check one)?**

- Entire Net Pay  
 \_\_\_\_\_% of Net Pay  
 Specific Dollar Amount: \$\_\_\_\_\_ .00

**Please attach a voided check or bank letter\*(Contact your local bank representative)**

### PLEASE ATTACH A COPY OF YOUR VOIDED CHECK IN THE SPACE PROVIDED BELOW:

***I understand that it is my responsibility to verify deposits on a per pay period basis before writing checks against these funds. This authorization can take up to (2) pay periods to activate. I understand that Savela Solutions is not responsible for bank errors or bank fees. I may cancel these direct deposit(s) at any time.***

**EMPLOYEE SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_ \_\_\_ / \_\_\_ \_\_\_ / \_\_\_ \_\_\_

**\*\*RETURN THIS ORIGINAL FORM ALONG WITH COPY OF A VOIDED CHECK OR BANK LETTER TO SAVELA SOLUTIONS.\*\***