



DIRECT DEPOSIT WORKSHEET

Client Name: _____

Client #: _____

Employee Name: _____

New Employee Existing Employee

ACCOUNT ONE

Savings Checking \$ _____ or % _____ For full net, indicate 100%

Bank Name

Name on Account

Routing & Transit Number (9 Digits)

Account Number

Attach Voided Check Here
(Deposit Slip If Savings)

Write 1 on Check

ACCOUNT TWO

Savings Checking \$ _____ or % _____ For full net, indicate 100%

Bank Name

Name on Account

Routing & Transit Number (9 Digits)

Account Number

Attach Voided Check Here
(Deposit Slip If Savings)

Write 2 on Check

ACCOUNT THREE

Savings Checking \$ _____ or % _____ For full net, indicate 100%

Bank Name

Name on Account

Routing & Transit Number (9 Digits)

Account Number

Attach Voided Check Here
(Deposit Slip If Savings)

Write 3 on Check

I authorize Paycor, Inc., acting on behalf of my employer, to initiate electronic credit entries and, if necessary, debit entries to reverse erroneous credit entries to my account(s). It is agreed that these deposits will be made in accordance with the rules of the National Automated Clearing House Association (NACHA). This authorization will remain in effect until Paycor, Inc., has received written notification from me or its termination in such time and in such a manner as to afford Paycor, Inc. and the bank a reasonable opportunity to act upon the termination request.

Employee Signature: _____ Date: ____/____/____

To be retained by Employer. Keep in your employee file. This form may be photocopied.