



Payroll Direct Deposit Application

Start My Direct Deposit

Change My Direct Deposit

Stop ALL Direct Deposit

Account Information

Make sure to indicate what kind of account, along with the amount to be deposited, if less than your total net paycheck. *Please attach a voided check when you submit this form.*

Bank Name/City/State: _____

Routing* (ABA) #:

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Account #:

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Checking Savings Other

I wish to deposit: \$ _____ OR Entire Net Amount

Bank Name/City/State: _____

Routing* (ABA) #:

--	--	--	--	--	--	--	--	--	--	--	--

Account #:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Checking Savings Other

I wish to deposit: \$ _____ OR Entire Net Amount

Bank Name/City/State: _____

Routing* (ABA) #:

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Account #:

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Checking Savings Other

I wish to deposit: \$ _____ OR Entire Net Amount

** Please ask a bank representative to assist you in filling out your complete account information. Inaccurate information may result in untimely deposits.*

IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize Alleivity, Inc. to direct deposit my paychecks into my bank account(s). It is my understanding that a pre-note process will occur on initial enrollment, a change in bank routing number or account number, which means I will receive an actual paycheck the following payday. Thereafter, my paychecks will be directly deposited into my account(s). However, it is my responsibility to examine each paycheck stub on payday to verify my direct deposit. I understand that any monies that Alleivity, Inc. does not direct deposit for me will be mailed to my mailing address.

I further authorize Alleivity, Inc. to reverse a deposit made in error.

Print Name: _____

Mailing Address: _____

City, State & Zip: _____

Phone: _____

Client Name: _____

Signature: _____

Date: _____