



## Employee Direct Deposit – Complete for DIRECT DEPOSIT

Fill in the boxes below and sign form.

Last Name

First Name

Name of Financial Institution

Account Number

Type of Account

Checking

Savings

Routing Transit Number

(All 9 boxes must be filled. The first two numbers must be 01 through 12 or 21 through 32)

### HOW TO COMPLETE THIS FORM

1. Fill in all boxes above.
2. Sign and date the form.



**Call your financial institution to make sure they will accept direct deposits.**



**Verify your account number and routing transit number with your financial institution**



**Do not use a deposit slip to verify the routing number.**

JOHN PUBLIC 123 Main Street Your Town, FL 12345	1234 19
PAY TO THE ORDER OF	\$ <input type="text"/>
Your Town Bank Your Town, FL 12345	DOLLARS
For	
⑆250000005⑆ 1234556789022⑈	

Routing Transit Number

Account Number

NOTE: THE ACCOUNT AND ROUTING NUMBER MAY APPEAR IN DIFFERENT PLACES ON YOUR CHECK.

I hereby authorize my employer, Delco Foods (hereinafter Company) to deposit any amounts owed to me by initiating credit entries to my account at the financial institution (hereinafter Bank) indicated above. Further, I authorize bank to accept and to credit any credit enties indicated by Company to my account. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

For my convenience, I request that Paycor directly deposit my wages/salary earned from my employer into my bank acocunt. I understand that deposit of my earnings into my account by Paycor may be an advance of funds on behalf of my employer which is subject to the successful collection of these funds by Paycor from my employer's bank. If, within 30 days of Paycor making the deposit into my account, my employer does not make available to Paycor the funds that were advanced to make the deposit into my account, I authorize Paycor to charge my account to cover said advances. I agree to hold Paycor harmless from loss and to idemnify it, limited to the amount of the deposit.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_