



1660 N. Farnsworth Ave., Suite 3
 Aurora, IL 60505
 Office: 630.236.3501
 Fax: 630.236.3505
 www.ahhc-1.com

Employee Direct Deposit Authorization Form

Employee Name (Print) _____

<p style="text-align: center;">CHOOSE ONE:</p> <p>_____ New or Additional Direct Deposit</p> <p>_____ Change the bank or Account Number on an existing Direct Deposit</p> <p>_____ Cancel Direct Deposit</p> <p style="text-align: center;">OLD ACCOUNT NUMBER</p> <p>_____ Change the amount of an existing Direct Deposit</p>	<p style="text-align: center;">CHOOSE ONE:</p> <p>_____ New or Additional Direct Deposit</p> <p>_____ Change the bank or Account Number on an existing Direct Deposit</p> <p>_____ Cancel Direct Deposit</p> <p style="text-align: center;">OLD ACCOUNT NUMBER</p> <p>_____ Change the amount of an existing Direct Deposit</p>	<p style="text-align: center;">CHOOSE ONE:</p> <p>_____ New or Additional Direct Deposit</p> <p>_____ Change the bank or Account Number on an existing Direct Deposit</p> <p>_____ Cancel Direct Deposit</p> <p style="text-align: center;">OLD ACCOUNT NUMBER</p> <p>_____ Change the amount of an existing Direct Deposit</p>						
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Deposits are normally available two (2) banking days after payroll is processed. 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 three (3) pay periods to activate. I understand that neither my employer nor Advantage Payroll is responsible for bank errors or bank fees. I may cancel these Direct Deposit(s) at any time. **I have attached a copy of a voided check, unsigned with the word "VOID" written on the check, and /or bank "FRACTIONAL SPECIFICATION SHEET" for each account listed above (deposit slips will not be accepted). By signing below I accept the terms as conditions as stated above and understand set-up will occur within 1-3 payroll processing's.**

 Employee Signature

_____/_____/_____
 Date