



Employee Direct Deposit Form

Employee
Name:

Last First Middle

Address:

Street City State Zip

Phone:

xxx-xxx-xxxx

Email:

Please fill in the following information for the account(s) listed for deposit.

*** Please attach a voided check, copy of a check or photo of a check for each account ***

Bank Name			% or Amount of Deposit	Checking or Savings

I hereby authorize Unity HR, to initiate credit entries (deposit) and if necessary, debit entries for any credit entries in error, to my account(s) indicated above.

I understand that direct deposit of funds will not begin until 2 pay periods after my request is received by Unity HR, as account information must be verified with my financial institution.

I also understand that this authorization will remain in effect until Unity HR receives written notification from me to terminate this authorization, in such a time and manner as to afford Unity HR and my financial institution(s) a reasonable time to act on it.

Authorized Account Signature

Date

**Please Provide a Voided Check, a Photo Copy of a Check
or a picture of a check for each Account and Return to Administrator**