



Payroll • Benefits • HR Services

# DIRECT DEPOSIT FORM

Fax to: 734/261-3234

### Employee Instructions:

1. Complete the employee required information section.
2. Complete the Banking section to specify where you want your pay deposited.
3. Sign the bottom of the form.
4. Retain a copy of this form. Return the original to your Employer.

### Employer / FLAGSTAFF Client Instructions:

1. Complete the employer required information section below.
2. Return this *original* form to your local **FLAGSTAFF** office.  
(no copies or faxes, please)

EMPLOYEE – Required Information	EMPLOYER / FLAGSTAFF Client – Required Info
Name _____	Client _____
SS#: _____	Client No.: _____

### I would like my wages/salary deposited to the following bank account(s):

<input type="checkbox"/> <b>Checking</b> Bank Name _____ Rte/Transit # _____ Account # _____ <input type="checkbox"/> <b>Entire Net Pay</b> <input type="checkbox"/> _____ % of Net <input type="checkbox"/> <b>Specific Dollar Amount \$</b> _____ .00	<input type="checkbox"/> <b>Savings</b> Bank Name _____ Rte/Transit # _____ Account # _____ <input type="checkbox"/> <b>Entire Net Pay</b> <input type="checkbox"/> _____ % of Net <input type="checkbox"/> <b>Specific Dollar Amount \$</b> _____ .00
<input type="checkbox"/> <b>Checking</b> Bank Name _____ Rte/Transit # _____ Account # _____ <input type="checkbox"/> <b>Entire Net Pay</b> <input type="checkbox"/> _____ % of Net <input type="checkbox"/> <b>Specific Dollar Amount \$</b> _____ .00	<input type="checkbox"/> <b>Savings</b> Bank Name _____ Rte/Transit # _____ Account # _____ <input type="checkbox"/> <b>Entire Net Pay</b> <input type="checkbox"/> _____ % of Net <input type="checkbox"/> <b>Specific Dollar Amount \$</b> _____ .00

I hereby authorize my employer, \_\_\_\_\_ (hereinafter FLAGSTAFF CLIENT), to deposit any amounts owed 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 entries indicated by FLAGSTAFF CLIENT to my account. In the event that FLAGSTAFF CLIENT deposits funds erroneously into my account, I authorize FLAGSTAFF CLIENT to debit my account for an amount not to exceed the original amount of the erroneous credit.

For my convenience, I request that Flagstaff Human Resources, Inc. (hereinafter **FLAGSTAFF**) directly deposit my wages/salary earned from my employer, into my bank account, I understand that deposit of my earnings into my account by **FLAGSTAFF** may be an advance of funds on behalf of my employer, which is subject to the successful collection of these funds by **FLAGSTAFF** from my employer's bank. If, within 10 days of **FLAGSTAFF** making the deposit into my account, my employer does not make available to **FLAGSTAFF** the funds that were advanced to make the deposit into my account, I authorize **FLAGSTAFF** to charge my account to recover said advance. I agree to hold **FLAGSTAFF** harmless from loss and to indemnify it, limited to the amount of the deposit.

Any dispute arising out of or in connection with this agreement; if not otherwise resolved, shall be determined by arbitration in Livonia, Michigan, in accordance with the Rules of the American Arbitration Association, and it is the expressed desire of both parties that the prevailing party be awarded costs and attorney's fees and that the award is entered as a judgment in any jurisdiction in which the non-prevailing party does business.

This Authorization is to remain in full force and effect until FLAGSTAFF CLIENT and Bank have received written notice from me of its termination in such time and in such manner as to afford FLAGSTAFF CLIENT and BANK a reasonable opportunity to act on it.

Employee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Return this original form to your employer.

**Please attach a VOIDED CHECK.**  
**FLAGSTAFF will not be responsible for failed Direct Deposits if you do not provide a VOIDED CHECK, SPECIFICATION SHEET or a BANK LETTER. NOTE: a deposit slip is unacceptable.**