Employee Direct Deposit Authorization Agreement

Employee Name			
Social Security Number		Effective Date	
Employed By			

(Check One)

❑ First Time Setup
❑ Change Direct Deposit Information
❑ Add Another Direct Deposit Account
❑ Cancel Direct Deposit

****If you wish to deposit into more than one bank account, please complete one form per account.****

Attach Your Bank Information Here

Checking Accounts – Pre-printed checks (Please do not use starter checks or deposit slips. Write "VOID" on the check.)

Savings Accounts – Bank direct deposit form, or written letter signed by your bank with account and routing numbers.

Failure to verify accuracy of account information with your financial institution will cause delays or improper transfers. If a deposit is returned to GMS due to incorrect information or a closed account, we will deduct a $3 bank fee charged to your next pay.

Amount to be deposited each pay period:

Check or Fill-In: ❑ Net Check

$ _____ Amount

_____ % Percentage

This is a (check one):

❑ Checking Account

❑ Savings Account

I authorize Group Management Services, Inc. to initiate credits (and/or corrections to previous credits) to the financial institution designated above.

I understand this authorization will begin within one to two payroll cycles from receipt. It will remain in effect until I give written notice to Group Management Services, Inc. to change or to terminate this authorization.

_____ Signature

_____ Date