



# Direct Deposit Enrollment Authorization

<input type="checkbox"/> NEW
<input type="checkbox"/> REVISED

Please enroll me in direct deposit. I authorize Innovative to make deposits in the amounts stated by initiating credit entries or correcting entries to bank accounts (Checking and/or Savings) I have listed.

#1)  Checking Account  Savings Account

Financial Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

Bank Routing Number (ABA) – (Must be 9 digits)

Account Number: \_\_\_\_\_

Dollar Amount: \$ \_\_\_\_\_

or Full Net

#2)  Checking Account  Savings Account

Financial Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

Bank Routing Number (ABA) – (Must be 9 digits)

Account Number: \_\_\_\_\_

Dollar Amount: \$ \_\_\_\_\_

or Full Net

#3)  Checking Account  Savings Account

Financial Institution: \_\_\_\_\_

Phone: \_\_\_\_\_

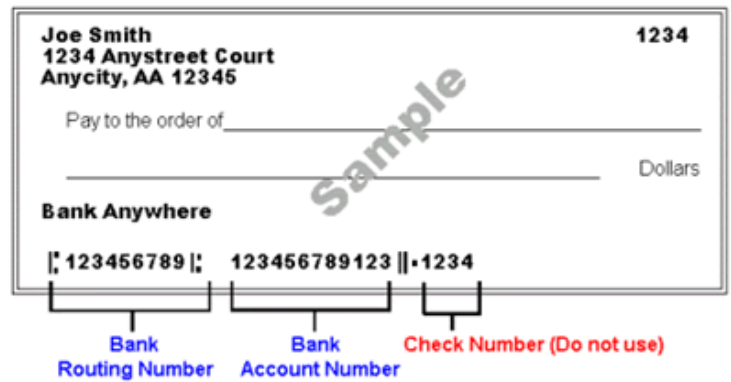
Bank Routing Number (ABA) – (Must be 9 digits)

Account Number: \_\_\_\_\_

Dollar Amount: \$ \_\_\_\_\_

or Full Net

### Sample



**PLEASE ATTACH A VOIDED CHECK (NOT A DEPOSIT SLIP) OR AN AUTHORIZATION FORM FROM YOUR BANK**

Termination of Direct Deposit Account # (s) \_\_\_\_\_

By signing below I acknowledge the information provided to be true and accurate. I also understand that this authority is to remain in effect until Innovative has received written notification from me to close or change the account and/or dollar amounts.

I understand my first two paychecks may be live checks as it can take up to 10 banking days for the pre-note process to complete.

Employee Signature	Social Security Number	Date
First Name - PLEASE PRINT	Middle Initial	Last Name
Employee Work Phone	Employee Home Phone	Employee Email Address

There is no fee for this benefit. The net of your paycheck may be deposited to ONE, TWO or THREE bank accounts (Checking and/or Savings). Deposits will be made on Payday.

Please fax this form to 858-715-5110 or mail to: Innovative Employee Solutions, 9665 Granite Ridge Dr. #420, San Diego, CA 92123