INNOVATIVE
Employee Solutions

Direct Deposit Enrollment Authorization

☐ **NEW**

☐ **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.

☐ **Checking Account (#1)** ☐ Dollar Amount: $_____
☐ Or Full Net

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

Account Number

☐ **Checking Account (#2)** ☐ Dollar Amount: $_____
☐ Or Full Net

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

Account Number

PLEASE ATTACH A VOIDED CHECK, NOT A DEPOSIT SLIP, TO ENSURE ACCURACY OF YOUR ACCOUNT NUMBER

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NAME OF FINANCIAL INSTITUTION_____ **PHONE**_____

☐ **Savings Account (#1)** ☐ Dollar Amount: $_____
☐ Or Full Net

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

Account Number

☐ **Savings Account (#2)** ☐ Dollar Amount: $_____
☐ Or Full Net

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

Account Number

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☐ **Termination of Direct Deposit Account # (s)** _____

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

6/2010