

Employee Direct Deposit Enrollment Form

This form is to be used to request Direct Deposits of your paycheck, either in full or partial amounts, to your checking or savings account. You may elect up to (2) Checking and (3) Savings accounts.

Employee Information

Employee Name _____

I hereby authorize Daley and Associates, LLC to make deposits into the below named financial institution(s). In the unlikely event of a deposit error, I authorize Daley and Associates, LLC to make adjustments to correct the error.

This authorization is to remain in full force and effect until Daley and Associates, LLC has received written notice from me of its termination.

Employee signature: _____ Date: _____

Joint account holder signature: _____ Date: _____

Account Information

Please indicate the amount of money you would like direct deposited from your weekly paycheck.

Checking Savings

Bank Name, City, State: _____

Routing/Transit # _____ Account # _____

I wish to deposit \$ _____ or Entire Net Amount

Checking Savings

Bank Name, City, State: _____

Routing/Transit # _____ Account # _____

I wish to deposit \$ _____ or Entire Net Amount

Checking Savings

Bank Name, City, State: _____

Routing/Transit # _____ Account # _____

I wish to deposit \$ _____ or Entire Net Amount

****PLEASE ATTACHE VOIDED CHECK HERE FOR EACH ACCOUNT****