



**EMPLOYEE INSTRUCTIONS:**

1. Complete the **EMPLOYEE REQUIRED INFORMATION** section.
2. Complete the **DIRECT DEPOSIT INFORMATION** section to specify where you want your paycheck deposited.
3. Enclose a **voided check** with the **original** of this form and return to your employer.
4. Retain a copy of this form for your own records.

**EMPLOYEE - REQUIRED INFORMATION:**

Employee Full Name (Please Print): \_\_\_\_\_  
 Social Security Number: \_\_\_\_\_

**DIRECT DEPOSIT INFORMATION:**

I would like my wages / salary deposited to the bank account attached.

Checking Bank Name: \_\_\_\_\_  Savings Bank Name: \_\_\_\_\_

**(Attach only a voided check or bank letter specification sheet. Deposit tickets cannot accepted)**

**I wish to deposit in my checking account**

- Entire Net Pay
- \_\_\_ % of Net Pay
- Specific Dollar Amount \$ \_\_\_\_\_.00

**I wish to deposit in my savings account**

- Entire Net Pay
- \_\_\_ % of Net Pay
- Specific Dollar Amount \$ \_\_\_\_\_.00

I hereby authorize my employer, \_\_\_\_\_ (hereinafter "COMPANY"), 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 COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.

For my convenience, I request that Infinisource, Inc. (hereinafter "Infinisource") directly deposit my wages/salary earned from my employer into my bank account. I understand that deposit of my earnings into my account by Infinisource may be an advance of funds on behalf of my employer, which is subject to the successful collection of these funds by Infinisource from my employer's bank. If within 3 days of Infinisource making the deposit into my account, my employer does not make available to Infinisource the funds that were advanced to make the deposit into my account, I authorize Infinisource to charge my account to recover said advance. I agree to hold Infinisource harmless from loss and to indemnify it, limited to the amount of the deposit. I agree that any dispute arising out of or in connection with this agreement shall be subject to Michigan law.

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

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Infinisource Use Only**

**Account Number:** \_\_\_\_\_ **Routing & Transit Number:** \_\_\_\_\_

Infinisource Use Only: Precision Payroll	
Agent Number: AKE00000	
Account No.: _____	Service Eff. Date: _____
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