

## AUTHORIZATION FOR EMPLOYEE DIRECT DEPOSIT

Request Applies to:  Payroll  Benefits (FSA, HSA, HRA)  Both

Complete and return to: [mpayroll@futureplan.com](mailto:mpayroll@futureplan.com) [benefits@goldleafpartners.com](mailto:benefits@goldleafpartners.com) [benefits@goldleafpartners.com](mailto:benefits@goldleafpartners.com)

### 1. Employee Information (check one):

Initial Request  Change Banking Information  Cancel Direct Deposit

Employer Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee Address: \_\_\_\_\_

City, State, and Zip: \_\_\_\_\_

Social Security # (last 4 digits only): \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

Effective Date: \_\_\_\_\_ Email: \_\_\_\_\_

### 2. Financial Institution Information

Account Number*			
Transit/ABA Number*			
Financial Institution Name			
Financial Institution Address		City	State
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Zip	
<p>* <b>JON SMITH</b> <span style="float: right;"><b>1200</b></span></p> <p>1234 8th ST. S.</p> <p>FARGO, ND 58102</p> <p>DATE _____</p> <p>PAY TO THE ORDER OF _____ \$ _____</p> <p style="text-align: right;">DOLLARS</p> <p>MEMO _____</p> <p>⑆0⑆ 2345678⑆ ⑈68590⑆3⑆⑈ ⑆200</p>			
Routing/ABA Number		Account Number	

3. Payroll Only  Deposit:  Net Pay  Other Amount: \$ \_\_\_\_\_

*For deposit into multiple accounts, please complete one form for each account.*

### 4. Employee Authorization

_____ Employee Signature	_____ Date
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