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PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

Client _____
Employee Name _____ SSN _____

CHECK APPLICABLE ITEM

- _____ New Enrollment - Complete and sign this form.
_____ Change of Account(s) - Complete and sign this form.
_____ Cancel Participation - Sign this form.

Primary Account

Checking

Savings

This account will be credited with the balance of net pay after deposits are made to any secondary accounts, if designated.

Financial Institution _____ City and State _____
Routing Number _____ Account Number _____

1st Secondary Account (Optional)

Checking

Savings

Amount to be deposited per paycheck \$ _____ **OR** Percent to be deposited per paycheck _____ %

Financial Institution _____ City and State _____
Routing Number _____ Account Number _____

2nd Secondary Account (Optional)

Checking

Savings

Amount to be deposited per paycheck \$ _____ **OR** Percent to be deposited per paycheck _____ %

Financial Institution _____ City and State _____
Routing Number _____ Account Number _____

AUTHORIZATION STATEMENT: I hereby authorize Moresource, Inc. and the financial institution(s) listed above to deposit my pay electronically to my account(s) each payday. If funds to which I am not entitled are deposited to my account I authorize Moresource, Inc. to direct the financial institution(s) to return said funds. *I understand that I will receive one direct deposit at no charge per pay period and each additional direct deposit will cost \$0.25 (25 cents) per deposit, per pay period.* I understand without providing a copy of a voided check for verification of account information, my next payroll check will be a paper check and all subsequent payroll checks will be direct deposited. This authorization will remain in effect until I have signed a new authorization form to either change accounts or cancel participation, or upon my termination of employment. Moresource, Inc. reserves the right to terminate direct deposits at any time.

Employee Signature

Date