



**ENROLLMENT AUTHORIZATION/CHANGE FORM
DIRECT DEPOSIT**

NOTE: ONESOURCE MUST FIRST VALIDATE THIS REQUEST WITH YOU OR YOUR EMPLOYER BEFORE PROCESSING

Employee Name: _____

Last 4 Digits of Social Security Number: _____ Worksite: _____

Address: _____ City: _____ State: _____ ZIP: _____

E-Mail my payroll confirmation to the following address: _____
It is my responsibility to provide OneSource a secure email address that protects my privacy and I understand that I will NOT be receiving a paper confirmation of my direct deposit. I will not hold OneSource responsible for any problems that may result due to the electronic transmission of payroll information.

AUTHORIZATION STATEMENT: I hereby authorize OneSource (hereinafter COMPANY) to deposit any amount owed me into the account(s) at the financial institution(s) (hereinafter BANK) listed. Further, I authorize BANK to accept any credits or debits from the COMPANY on my account. In the event 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. I agree to hold COMPANY harmless from loss and to indemnify it, limited to the amount of the deposit. This authorization will remain in effect until I notify the company, in writing, that I wish to discontinue this service or until OneSource notifies me that the service is no longer available. I agree to afford the Company and Bank a reasonable time to initiate, change or terminate any aspect of my direct deposit. I will continue to receive a paper paycheck until the service begins.

DIRECT DEPOSIT INTO EXISTING ACCOUNT:

Please select one option:

- I wish to engage in direct deposit service of my net payroll into an EXISTING account.
- Please change my bank or account information – new detail is included with this request.
- Please discontinue my previous direct deposit requests as I wish to receive a paper check.
- I wish to engage in the Debit Card Program. Please send me the enrollment forms.

Please deposit my net pay to one or more accounts as described below:

- CHECKING Account 1: indicate \$ % _____ Bank Name: _____
- CHECKING Account 2: indicate \$ % _____ Bank Name: _____
- SAVINGS Account: indicate \$ % _____ Bank Name: _____

YOU MUST PROVIDE THE FOLLOWING ACCOUNT INFORMATION:

CHECKING ACCOUNT - Please attach a voided check here. Your voided check will be returned upon request.

PLEASE NOTE: Failure to provide a voided check may result in a delay in processing your direct deposit request.

SAVINGS ACCOUNT – Please write in your account and the bank’s “routing number” (ABA Number) below:

Account # (include all zeros): _____

Employee Signature: _____

Date: _____