

Employer Name	Client Number	Date
Employee Name	Social Security Number	

Instructions

Please read and complete the information below, and provide signature(s) where required. If employee is not the account holder, both the account holder and the employee must sign the form in the designated area below. Fax, email or mail this form to your CoAdvantage representative. Use one form for each account if multiple deposits are being requested.

In order to start direct deposit, a copy of a voided check, a typed bank letter, or a savings deposit slip must be included. Temporary or starter checks will not be accepted.

Account Information

Bank #1 Name	Account #1 Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account #1 Number	Routing Number 9 digit number typically located at check bottom
Requested Action <input type="checkbox"/> Enroll <input type="checkbox"/> Change Existing <input type="checkbox"/> Cancel	Deposit Amount <input type="checkbox"/> Net (100%) <input type="checkbox"/> Dollar Amount: \$ _____ <input type="checkbox"/> Percentage: _____%
Bank #2 Name	Account #2 Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Account #2 Number	Routing Number 9 digit number typically located at check bottom
Requested Action <input type="checkbox"/> Enroll <input type="checkbox"/> Change Existing <input type="checkbox"/> Cancel	Deposit Amount <input type="checkbox"/> Net (100%) <input type="checkbox"/> Dollar Amount: \$ _____ <input type="checkbox"/> Percentage: _____%

Employee Consent

I authorize CoAdvantage and the financial institution listed above to credit my account for direct deposit of payroll and if necessary, to initiate debits or adjustments for credits made in error. I agree that such credit (or debit, when applicable) constitutes as payment and receipt of my paycheck. This authority will remain in effect unless I cancel it in writing with CoAdvantage. If I change my bank or bank accounts, I am responsible for notifying CoAdvantage of the change immediately. I understand that any changes, including stopping my direct deposit, must be submitted prior to payroll submission.

The availability of funds is subject to my banking institution's policy and procedures. I will verify that my payroll funds have been deposited, cleared, and are available prior to processing automatic debits, writing checks, and debiting my account against the deposited payroll amount. CoAdvantage is not responsible for overdrafts or fees on my account.

If I am not an authorized account holder with this banking account, I have obtained the account holder's signature immediately below.

Account Holder Signature	Employee Signature
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Fax: 888.925.7567
Mail: 6407 Parkland Dr., Sarasota, FL 34243