DIRECT DEPOSIT AGREEMENT FORM

Premier Financial Management Services

Instructions: *Please fill out the information, as applicable, then select the appropriate box below. After entering the Financial Institution information, please attach the required documentation as listed. Review the **Authorization for Set-Up** then sign and date. Please submit the completed form to **Premier Financial Management Services** via one of the following options:*

Mail:
PO Box 26001
Milwaukee, WI 53226

Drop Off:
10425 W North Ave.
Suite 345
Milwaukee, WI 53226

Email:
HR@premier-fms.com

Fax:
1-888-551-5286

NOTE: Please print clearly.

Participant Name: _____

Participant-hired Worker/Vendor Name: _____

Effective Date: ____ / ____ / _____   Last 4 Digits of SSN/Vendor EIN: _____

Check one box ONLY: ☐ New DD Set Up   ☐ New Paycard Set-Up

Name of Financial Institution: _____

Type of Account: ☐ Checking   ☐ Savings   Percentage: _____ %

FOR CHECKING ACCOUNT: Tape a voided check here. *(No starter check or deposit slip.)*

FOR SAVINGS ACCOUNT: Attach letter from bank with routing and account numbers.
(Letter must be typed on bank's letterhead.)

Name of Financial Institution: _____

Type of Account: ☐ Checking ☐ Savings Percentage: _____ %

FOR CHECKING ACCOUNT: Tape a voided check here. *(No starter check or deposit slip.)*

FOR SAVINGS ACCOUNT: Attach letter from bank with routing and account numbers.
(Letter must be typed on bank's letterhead.)

Authorization for Set-Up:

☐ I hereby authorize Premier Financial Management Services (PFMS) to **deposit** any amount owed to me for wages and/or reimbursements. PFMS is not responsible for any erroneous information provided. Also, I grant PFMS permission to correct and/or adjust any electronic funds transfer resulting from an erroneous overpayments by debiting my account. This authorization is to remain in full force and effect until PFMS receives written notification from me to terminate the agreement.

☐ I hereby elect and consent to recieve my wages to a **paycard** by electronic transfer. I also grant Premier Financial Management Services (PFMS) permission to correct and/or adjust any electronic funds transfer resulting from an erroneous overpayment by debiting my account. I acknowledge I have received a copy of the terms, conditions, and fees associated with using the aforementioned paycard. This authorization is to remain in full force and effect until PFMS recieves written notification from me to terminate the agreement.

Signature: _____ Date: ____ / ____ / _____

Paycard Number:
(For office use only) ☐☐☐☐ ☐☐☐☐ ☐☐☐☐ ☐☐☐☐