



DIRECT DEPOSIT AGREEMENT FORM

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:
vendorpaperwork@premier-fms.com

Fax:
888-302-3607

NOTE: Please print clearly.

Vendor Name: _____

Effective Date: ___ / ___ / _____

Last 4 Digits of SSN/Vendor EIN: _____

Name of Financial Institution: _____

Type of Account: Checking Savings Percentage: _____ %

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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.)

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Name of Financial Institution: _____

Type of Account: Checking Savings Percentage: _____ %
 Optional; Only necessary if deposit is to be split

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.

Signature: _____ Date: ____ / ____ / ____

Paycard Number: <i>(For office use only)</i>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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