



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 ILSP Program** via one of the following options:

Mail:
10425 W North Ave. Suite
312
Milwaukee, WI 53226

Drop Off:
10425 W North Ave.
Suite 312
Milwaukee, WI 53226

Email:
ilsp@premier-fms.com

Fax:
1-877-334-2573

Note: Please print clearly.

Non-Professional Providers/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: _____ %



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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 receive 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 receives written notification from me to terminate the agreement.

Signature: _____ Date: ____ / ____ / ____

Paycard Number:
(For office use only)

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