



DIRECT DEPOSIT AGREEMENT FORM

Instructions: Please check the appropriate box in Section 1 and fill out any information in Section 2, where applicable. If paycard box is checked, skip Section 3. If paper check box is checked, skip Sections 3 and 4. If neither paycard box nor paper check box is selected, please proceed to fill out Sections 3 and 4. After entering the Financial Institution information in Section 3, please attach the required documentation as listed. Review Sections 4 and 5, then sign and date. The form must be signed and dated at the bottom in order to be considered complete. For any questions or concerns, please contact our office at (855) 355-5363.

Mail:
515 South 700 East,
Suite 2B
Salt Lake City, UT 84102

Email:
UT@premier-fms.com

Fax:
(855) 500-4521

SECTION 1: (Check one box ONLY)

Effective Date: ____ / ____ / ____

- New DD Set Up
- New Paycard Set-Up
- Existing Paycard Set-Up
- Paper Check
- Cancel DD/ Paycards

SECTION 2: (Please print clearly)

Employer Information:

Employer Name: _____

Employee Information:

Employee Name: _____

Last 4 Digits of SSN: _____ Employer Name: _____

SECTION 3:

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.)





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Name of Financial Institution: _____
(Optional. For split deposit)

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.)

SECTION 4:

Check Stubs:

I hereby elect to receive my check stubs via mail, not online.

SECTION 5: (Check one box ONLY)

Authorization for Set-Up, Change, or Cancellation:

- I hereby authorize AssuranceSD to **deposit** any amount owed to me for wages and/or reimbursements. AssuranceSD is not responsible for any erroneous information provided. Also, I grant AssuranceSD permission to correct and/or adjust any electronic funds transfer resulting from an erroneous overpayment by debiting my account. This authorization is to remain in full force and effect until AssuranceSD 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 AssuranceSD 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 AssuranceSD receives written notification from me to terminate the agreement.
- I hereby authorize AssuranceSD to stop making electronic transfers to my account. I also understand that I will now receive physical payroll checks rather than a direct deposit.

Signature: _____ Date: ____/____/____

***Please note, your first payment may be a paper check.**

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