



Authorization for Payroll Direct Deposit

TO BE COMPLETED BY SOI	
Client Number:	
Pay Specialist:	
Date Entered:	

Please complete, sign and return this form along with proof of account(s) to SOI for processing.

Client Name _____ Client Number _____ Client Location _____

Employee Name _____ Social Security Number ____-____-_____

As an Assigned Employee of SOI, you have the option and convenience of having all, or a portion of your paycheck deposited directly into your bank account(s).

You may direct deposit your pay in up to six designated accounts which can vary into checking, savings or investment accounts. In order to direct deposit your pay check, your financial institution must be a member of the Automated Clearinghouse (ACH) system and you must be an owner on the accounts into which the funds will be deposited. We may request you provide additional information to validate account ownership.

The following section requires the designation of your pay into your accounts. This designation remains the same for each pay period; a change would require a new form. Indicate the type and the specific account information.

Type: <input type="checkbox"/> New	<input type="checkbox"/> Add an additional Acct.	<input type="checkbox"/> Change in amount	<input type="checkbox"/> Change in Financial Institution	<input type="checkbox"/> Discontinue/stop
Account 1: Financial Institution Name _____		<input type="checkbox"/> Checking/Investment	<input type="checkbox"/> Net Pay or _____%	
Routing/ABA # _____	Account # _____	<input type="checkbox"/> Savings	<input type="checkbox"/> Amount \$ _____	
Type: <input type="checkbox"/> New	<input type="checkbox"/> Add an additional Acct.	<input type="checkbox"/> Change in amount	<input type="checkbox"/> Change in Financial Institution	<input type="checkbox"/> Discontinue/stop
Account 2: Financial Institution Name _____		<input type="checkbox"/> Checking/Investment	<input type="checkbox"/> Net Pay or _____%	
Routing/ABA # _____	Account # _____	<input type="checkbox"/> Savings	<input type="checkbox"/> Amount \$ _____	
Type: <input type="checkbox"/> New	<input type="checkbox"/> Add an additional Acct.	<input type="checkbox"/> Change in amount	<input type="checkbox"/> Change in Financial Institution	<input type="checkbox"/> Discontinue/stop
Account 3: Financial Institution Name _____		<input type="checkbox"/> Checking/Investment	<input type="checkbox"/> Net Pay or _____%	
Routing/ABA # _____	Account # _____	<input type="checkbox"/> Savings	<input type="checkbox"/> Amount \$ _____	
Type: <input type="checkbox"/> New	<input type="checkbox"/> Add an additional Acct.	<input type="checkbox"/> Change in amount	<input type="checkbox"/> Change in Financial Institution	<input type="checkbox"/> Discontinue/stop
Account 4: Financial Institution Name _____		<input type="checkbox"/> Checking/Investment	<input type="checkbox"/> Net Pay or _____%	
Routing/ABA # _____	Account # _____	<input type="checkbox"/> Savings	<input type="checkbox"/> Amount \$ _____	
Type: <input type="checkbox"/> New	<input type="checkbox"/> Add an additional Acct.	<input type="checkbox"/> Change in amount	<input type="checkbox"/> Change in Financial Institution	<input type="checkbox"/> Discontinue/stop
Account 5: Financial Institution Name _____		<input type="checkbox"/> Checking/Investment	<input type="checkbox"/> Net Pay or _____%	
Routing/ABA # _____	Account # _____	<input type="checkbox"/> Savings	<input type="checkbox"/> Amount \$ _____	
Type: <input type="checkbox"/> New	<input type="checkbox"/> Add an additional Acct.	<input type="checkbox"/> Change in amount	<input type="checkbox"/> Change in Financial Institution	<input type="checkbox"/> Discontinue/stop
Account 6: Financial Institution Name _____		<input type="checkbox"/> Checking/Investment	<input type="checkbox"/> Net Pay or _____%	
Routing/ABA # _____	Account # _____	<input type="checkbox"/> Savings	<input type="checkbox"/> Amount \$ _____	

Please attach one of the following preprinted documents as verification for account ownership and routing information:

- Preprinted check (No Starter Checks)
- Preprinted Financial Institute Card
- Copy of a Bank Statement
- Letter on Bank Letterhead

** The Financial Institution's name, the employee's name and account number must all be preprinted on the document. Routing/ABA numbers must be included but can be handwritten.

NOTE: If you are indicating a change to account(s), you will receive a live check until the new account(s) prenate and direct deposit begins.

*Routing/ABA numbers can not start with a 5 or an 8 as sometimes found on internal deposit slips.

Incomplete or unacceptable information will delay the activation of your direct deposit. Direct deposit may take up to two pay periods for activation due to the prenate process. Once activated, direct deposit will occur each pay period. Failure to notify SOI promptly of a closed account may result in the rejection of the deposit and a delay in your pay. SOI may need to reissue your pay in another form of payment.

When making changes to your current direct deposit information it may cause you to receive a live check until the prenate process is complete, which may take up to two pay periods for activation.

I hereby authorize SOI to deduct from my paycheck the designated amounts noted above and direct deposit those funds each pay period. All paychecks will be deposited (regular payroll, commission, bonus, vacation, per diem, etc.) In the event of an error, SOI is authorized to make corrections and initiate adjustments. I understand that a request for change is required in writing and that it may take up to 30 days before the new request is activated.

Employee Signature

Date