



Direct Deposit Set Up Form

Employee Name \_\_\_\_\_  
Print clearly

EMPLOYEE’S AUTHORIZATION | Complete and efax to 1-800-521-4616

I authorize my employer, creativeplacement and the financial institution listed below to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries which were incompletely funded by my employer or for any credit entries otherwise in error to my checking or savings account. This authority will remain in effect until I cancel in writing.

CHECKING ACCOUNT:

\_\_\_\_\_ or \$ \_\_\_\_\_  
Bank Name % of net pay -or- dollar amount

\_\_\_\_\_ Bank Routing Number Bank Account Number

Please provide a **VOIDED CHECK** to set up. Best method, copy a check at 125% of original and void the copy.

SAVINGS ACCOUNT:

\_\_\_\_\_ or \$ \_\_\_\_\_  
Bank Name % of net pay -or- dollar amount

\_\_\_\_\_ Bank Routing Number Bank Account Number

For Savings Account setups, please provide a **SPEC SHEET** from your bank, or a copy of the upper portion of your **SAVINGS ACCOUNT STATEMENT** that lists the Routing Number and Account Number.

\_\_\_\_\_  
**Employee signature** **Date**

All documents plus an authorized signature must be completed 72 hours prior to payroll distribution for direct deposit to become available. Direct deposit funds are available at variable times the Friday following each pay period. Check with your bank regarding transfer of funds to your account. Keep a copy of this document for your files. Call our office if you any questions or concerns at 203-838-7772