



INTEGRATED BUSINESS SERVICES

DIRECT DEPOSIT AUTHORIZATION

Employer Name:

Employee Name: First: Last: MI:

\*\*\* Please complete the following and attach a Voided Check \*\*\*
(Please DO NOT use numbers from Deposit Slips)

Bank Name:

Form with columns: Routing Number, Complete Account Number, Deposit - Amt (\$) Percent (%) or Balance. Includes checkboxes for Checking or savings.

Bank Name:

Form with columns: Routing Number, Complete Account Number, Deposit - Amt (\$) Percent (%) or Balance. Includes checkboxes for Checking or savings.

Bank Name:

Form with columns: Routing Number, Complete Account Number, Deposit - Amt (\$) Percent (%) or Balance. Includes checkboxes for Checking or savings.

I authorize Innovative Employer Solutions to access my account(s) with the financial institutions listed above for Direct Deposit purposes only. I also authorize Innovative to correct any errors if I am over paid. This authorization can be terminated at anytime by providing Innovative with a written termination request.

Employee Signature Date

Please return this form to your Supervisor or fax to Innovative at (727) 323-7999