



Employee Direct Deposit Request

Company Name: _____

Employee Name: _____
Last First Middle

Address: _____
Street City State Zip

Phone: _____ Email: _____

Please fill in the following information for the account(s) listed for deposit.

Please attach a voided check or deposit slip for the account(s) listed below

Bank Name	Account #	Routing #	% or Amount of Deposit	Checking or Saving

I hereby authorize Unity HR, to initiate credit entries (deposit) and if necessary, debit entries for any credit entries in error, to my account(s) indicated above.

I understand that direct deposit of funds will not begin until 2 pay periods after my request is received by Unity HR, as account information must be verified with my financial institution.

I also understand that this authorization will remain in effect until Unity HR receives written notification from me to terminate this authorization, in such a time and manner as to afford Unity HR and my financial institution(s) a reasonable time to act on it.

Authorized Account Signature

Date

**Please Provide a Voided Check
or a Photo Copy of a Check
and Return to Unity HR**