

Payroll Direct Deposit Form

This form can also be completed or updated online in the [Paylocity Employee Portal](#).

Account Holder Information

Name: _____ Last 4 Digits of SSN: _____
Phone: _____ Company: _____

Bank Account Information

I hereby authorize Paylocity to initiate credit entries to my (check one):

Checking Account Savings Account Other

If you would like to add a Deposit Account, please select one.

Flat Percent Net Pay

\$ Amount or Percent of Paycheck: _____

Account Number: _____ Bank/Financial Institution: _____
Branch: _____ State: _____ Zip: _____
Bank ACH Routing Number: _____

I hereby authorize _____ hereinafter referred to as "Company" to initiate credit entries for sums to and payable to me to my checking, savings or other account indicated below and the Financial Institution named below, hereafter referred to as "Depository" to credit the same to such account. I also authorize Company to initiate debits for sums due to the Company for erroneous deposit or deposits at the Depository.

Signature: _____ Date: _____

Must Attach Voided Check.

****Direct deposit only processed with a copy of a voided check on file.****

Once filled out, please return this form to your HR manager.

*For multiple accounts, please submit one form per account with respective account info. Please verify the direct deposit information has been updated in the Employee Portal prior to submitting your next claim to Paylocity.