



**DIRECT DEPOSIT AGREEMENT**

EMPLOYEE NAME: \_\_\_\_\_ SSN: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

<u>DEPOSIT #1</u>		
Financial Institution:	_____	
Route/Transit Number:	_____	
Account Number:	_____	
Account Type:	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS
	<input type="checkbox"/> PAY CARD	
<input type="checkbox"/> Deposit Entire Amount	<input type="checkbox"/> Deposit \$ _____	<input type="checkbox"/> Deposit % _____

<u>DEPOSIT #2</u>		
Financial Institution:	_____	
Route/Transit Number:	_____	
Account Number:	_____	
Account Type:	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS
	<input type="checkbox"/> PAY CARD	
<input type="checkbox"/> Deposit Balance	<input type="checkbox"/> Deposit \$ _____	<input type="checkbox"/> Deposit % _____

**We cannot process your direct deposit without supporting documentation from your financial institution.**  
Attach a voided check, letter from your financial institution or other supporting documentation. **Do not attach a deposit slip!**  
If you don't provide supporting documentation, you will receive a live check while your direct deposit account information is being verified.

I hereby authorize ContinuumHR to initiate automatic deposits to my account(s) at the financial institution(s) named above.

Further, I agree not to hold ContinuumHR responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or my financial institution or due to an error on the part of my financial institution in depositing funds to my account. I hereby authorize and request ContinuumHR to deduct from my salary or wages and pay to the named financial institution as indicated above.

By signing this form I authorize ContinuumHR to initiate credits and to make adjustments, if necessary, for any entry made in error without express written authorization. I shall look solely to the above named financial institution for any information regarding my account.

This agreement will remain in effect until ContinuumHR receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_