

# EMPLOYEE DIRECT DEPOSIT

Please print legibly and complete all sections of this form. Failure to do so could cause this form to be returned to you thus delaying your direct deposit.

Employee Name: \_\_\_\_\_ Social Security# \_\_\_\_\_

Check one of the following: First Time Setup or Cancel or Change to an existing setup  
Reason for the Change: \_\_\_\_\_

- I hereby authorize my employer to directly deposit my pay into the bank account(s) specified.
- I am attaching a **voided** check. This authorization is to remain in force until the company has received written authorization from me of its termination or change. **DO NOT SEND A DEPOSIT TICKET.**
- I grant my employer the right to correct any electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

## Financial Institution Information

**The amounts must equal 100% of your net pay.**

Bank Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Account #: \_\_\_\_\_

Account #: \_\_\_\_\_

Routing and Transit #: \_\_\_\_\_

Routing and Transit #: \_\_\_\_\_

This is a  CHECKING account  
 SAVINGS account

This is a  CHECKING account  
 SAVINGS account

Amount: \_\_\_\_\_

Amount: \_\_\_\_\_

**NOTE:**

1. If this form is a change in your current direct deposit, you may receive one or two actual checks while your new information is being processed.
2. Employees are responsible for verifying that their funds are deposited and available for use prior to writing checks or debiting their accounts.

\_\_\_\_\_  
Signature of Employee (All Authorizations Must Be Signed) Date

Entered by: \_\_\_\_\_ Date \_\_\_\_\_  
Y.E.S. Payroll Department

**Please Attach Voided Check (for checking accounts)**

For Savings Accounts please attach a letter from your Financial Institution listing all pertinent information  
Return to: Youth Empowerment Services Inc.  
511 Fredericksburg Rd  
San Antonio, TX 78201