



COMPANY NAME			COMPANY CONTACT NAME			
(LEGAL NAME AS IT APPEARS ON YOUR SOCIAL SECURITY CARD)			PREFERRED NAME		EMAIL ADDRESS	
STREET ADDRESS		CITY	STATE		ZIP CODE	GENDER
						<input type="checkbox"/> Female <input type="checkbox"/> Male
SOCIAL SECURITY NUMBER	DATE OF BIRTH	DATE OF HIRE	DATE OF REHIRE			TYPE OF EMPLOYMENT
						<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Contract Labor 1099
SALARY (A=ANNUAL, PPP=PER PAY PERIOD)		BASE HOURLY	ADDITIONAL RATES			ADDITIONAL RATES
DEPARTMENT	FEDERAL FILING STATUS S = Single M = Married	FEDERAL EXEMPTIONS	ADD'L \$ TO W/H	STATE FILING STATUS S = Single MJ = Married	STATE EXEMPTIONS	ADD'L \$ TO W/H

DIRECT DEPOSIT YES NO (If YES, Complete the form below)(If NO, Disregard the form below)

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

I hereby authorize my employer, _____(hereinafter COMPANY) through its authorized agents (MILLENNIUM PAYROLL SOLUTIONS) to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter BANK) indicated below. Further, I authorize BANK to accept and to credit any credit entries indicated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit and may do so without my notice or additional consent. In the event any transaction is returned by my financial institution, I accept responsibility for any bank fees, returned items fees or any amount due to my employer for any reason. This authorization is to remain in full force and effect until COMPANY and BANK have received written notice from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

BEGIN DEPOSIT CHANGE INFORMATION STOP DIRECT DEPOSIT

Primary Account

Amount to Deposit: Full amount or \$ _____ or % _____ of pay check.

Name of Financial Institution: _____ Type of Account: Checking Savings Health Savings Account

Account Number: _____ ABA Routing Number: _____

Secondary Account

Amount to Deposit: Full amount or \$ _____ or % _____ of pay check.

Name of Financial Institution: _____ Type of Account: Checking Savings

Account Number: _____ ABA Routing Number: _____

▶ PLEASE ATTACH A VOID CHECK OR BANK VERIFICATION FOR EACH ACCOUNT ◀

EMPLOYEE SIGNATURE:	DATE:
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