



Payroll Direct Deposit Form

Copy check here before filling out form

If this is for a **savings** account,
please provide a deposit slip

Please do not submit form without check or
deposit slip that shows account information

I, _____ (print name), SS# _____, authorize
(print clearly)

Excel Personnel to deposit my check weekly into my account, described as follows:

Name on Account _____

Bank or Financial Institution name _____

Bank Phone Number _____

Account Number _____

Type of account (check one) Checking _____ Savings _____

Bank's Router Number _____

I have attached a voided check to support the above information. (Checking Account only).
Savings accounts require information directly from the financial institution for direct deposit
transaction or a deposit slip with a router number beginning with a number other than a '5' and the
financial institution's phone number. If no check is attached, deposit cannot be guaranteed, unless
a form is attached that comes from the bank that includes all the correct information.

I understand this authorization will remain in effect until Excel Personnel terminates the deposit
program or until I change my authorization in writing. Excel Personnel will not be responsible for
any bank fees (set up fees, monthly fees, overdraft fees) that may be incurred in conjunction with
this authorization.

Employee Signature

Date