

Direct Deposit Form



LeadingEdge Personnel has implemented a **Checkless Payroll System**. You may choose to receive your pay by **Direct Deposit OR Payroll Pay Card**. If you choose **Direct Deposit**, you may split your payment between two accounts (such as ½ to a checking and ½ to a savings). You cannot split the payment between **Direct Deposit** and the **Pay Card** at this time.

Employee Information Employee Name: _____ Employee (Last 4) SSN: _____

Branch Location: Austin San Antonio

Direct Deposit

Primary Bank Account Information – Account 1:

All funds will be deposited into this account, unless a secondary deposit split is requested below. If a split is requested, the requested dollar amount or percentage of payment will be submitted to the secondary bank first, then all remaining funds will post against the Primary Bank.

Bank Name: _____ ABA/Routing #: _____ Account #: _____

Account Type: Checking Savings Deposit Amount: All or Split

Secondary Bank Account Information - Account 2:

Bank Name: _____ ABA/Routing #: _____ Account #: _____

Account Type: Checking Savings Deposit Split Amount to this account: \$ or % _____

Additional Information for Direct Deposit:

- **Approved Time Entry submitted after 2:00pm will be processed the next business day.**
- **Depending on your bank's processes, pay should be deposited into your account(s) within 2 Days of processing your Time Entry.**
- It is your responsibility to notify Payroll of any changes to / closure of your bank account. Failure to notify Payroll may delay issuance of checks.
- For each account, **you must provide a voided check** drawn from the account (no deposit slips) or a **letter from the bank** on official letterhead verifying the ABA and account #. Incomplete or inaccurate information will not be processed.

By providing the information requested above and signing below, I hereby elect and consent to receive my wages via direct deposit. In addition, I hereby authorize LeadingEdge Personnel on its own behalf and on behalf of its direct and indirect subsidiaries and affiliates to make (electronically or otherwise) all deposits and deposit adjustments involving my pay, including those involving off cycle pay and pay upon discharge, to the account(s) identified above, and I authorize the bank(s) listed above to accept such deposits and make such adjustments. These authorizations will remain in effect until LeadingEdge Personnel receives written notice from me terminating my authorization.

Pay Card Paycard Number: _____ Date of Birth (mm/dd/yyyy) _____

Replacement Card? (Used for Account Verification Only)

Additional Information for Pay Card Deposits:

- **Approved Time Entry submitted after 2:00pm on Tuesday, or after closing hours, will be processed the next business day.**
- **Pay should be automatically deposited on to your Pay Card within 4 hours of processing your Time Entry.**
- **Wednesday morning may incur a short extension to process due to our weekly closing procedures.**

By providing the information requested above and signing below, I hereby elect and consent to receive my wages via Pay Card. In addition, I hereby authorize LeadingEdge Personnel on its own behalf and on behalf of its direct and indirect subsidiaries and affiliates to make (electronically or otherwise) all deposits and deposit adjustments involving my pay, including those involving off cycle pay and pay upon discharge, to the pay card identified above, and I authorize the pay card company to accept such deposits and make such adjustments. These authorizations will remain in effect until LeadingEdge Personnel receives written notice from me terminating my authorization. **I acknowledge that a copy of the terms, conditions, and any fees associated with using such pay card have been provided to me, and are also available upon request to LeadingEdge Personnel.**

Authorizing Employee Signature: _____ Date: _____

Print Name: _____

Send Completed Form (and Void Check for DD) to:
lmattews@leadingedgepersonnel.com