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	n	
percentage of payment will be	o this account, unless a secondary	ry Bank Account Information – Account Inform	t is requested, the requested dollar amount or
Account Type:	☐ Savings	Deposit Amount: All or Split	
	•	Bank Account Information - Accoun	
Bank Name:		ABA/Routing #:	Account #:
Account Type:	g Savings	Deposit Split Amount to this account:	\$ or %
For each account, you is letterhead verifying the A By providing the information rauthorize LeadingEdge Personall deposits and deposit adjust	must provide a voided BA and account #. Incomp requested above and signing nel on its own behalf and o ments involving my pay, incred above to accept such details.	blete or inaccurate information will not be process g below. I hereby elect and consent to receive and behalf of its direct and indirect subsidiaries are cluding those involving off cycle pay and pay uperposits and make such adjustments. These authorizes	slips) or a letter from the bank on official
☐ Pay Card Payca	rd Number:	Date of	Birth (mm/dd/yyyy)
Repla	cement Card?		(Used for Account Verification Only)
 Pay should be automa Wednesday morning r By providing the information authorize LeadingEdge Personall deposits and deposit adjustr I authorize the pay card com Personnel receives written no 	submitted after 2:00pm tically deposited on to y may incur a short extense requested above and signifulation its own behalf and of ments involving my pay, including to accept such depositive from me terminating	n on Tuesday, or after closing hours, will be cour Pay Card within 4 hours of processing sion to process due to our weekly closing and below, I hereby elect and consent to receive n behalf of its direct and indirect subsidiaries alluding those involving off cycle pay and pay uposits and make such adjustments. These authorises are consented to the consent of the co	g your Time Entry. procedures. we my wages via Pay Card. In addition, I hereby affiliates to make (electronically or otherwise) in discharge, to the pay card identified above, and orizations will remain in effect until LeadingEdge pay of the terms, conditions, and any fees
Authorizing Employee S	Signature:		Date:
Print Name:			

Send Completed Form (and Void Check for DD) to:

ssassistant@leadingedgepersonnel.com