



# Direct Deposit Enrollment Form

Please fax form to ProPay, Inc. upon completion

Please fully complete the form below to ensure a speedy and accurate enrollment. When the form is complete, please fax it back to your payroll specialist at (480) 945-1510. Attach a copy of a voided check in the box below – **do not attach a deposit slip**. The deposit slip does not contain the same banking information. If you wish to use your savings account and/or if you don't have a voided check, contact your bank for a letter which includes your Routing/Account Number.

**PLACE VOIDED CHECK HERE**

Work-Site Employer Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_

Financial Institution Name: \_\_\_\_\_ State: \_\_\_\_\_

**Checking Account**

**Savings Account**

Routing Number: \_\_\_\_\_ Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Deposit Amount (% or \$): \_\_\_\_\_ Deposit Amount (% or \$): \_\_\_\_\_

ProPay offers a service called MyProPay which gives employees access to their check stubs and other payroll information online. More information is available on our website at [www.professionalfpayrolls.com](http://www.professionalfpayrolls.com). If available for your company, would you like to enroll?

- Yes, I would like to view my check stubs and other payroll information online.
- No, I would like to receive paper check stubs.

I authorize ProPay, Inc. and the financial institution above to credit my account(s) for direct deposit and, if necessary, to initiate debits or adjustments for credits made in error. This authority will remain in effect until I have cancelled direct deposit in writing to ProPay, Inc. I understand that my voluntary or involuntary termination effectively cancels direct deposit and if employment is reinstated, a new form must be provided.

\*\*Direct deposits are forwarded electronically to our financial institution that processes it through the Clearinghouse of the Federal Reserve Bank. Your bank then posts the payroll to your account. **It is your responsibility to verify that your bank has received the funds!**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Phone: 480.362.1456**

**Fax: 480.945.1510**

**[www.professionalfpayrolls.com](http://www.professionalfpayrolls.com)**