

DIRECT DEPOSIT

This form can also be completed or updated online in the Employee Portal.

ACCOUNTHOLDER INFORMATION

Name:		Last 4 Digits of SSN:	
Phone Number:		Company:	

BANK ACCOUNT INFORMATION

I hereby authorize Paylocity to initiate credit entries to my (check one): Checking Account Savings Account

Account Number:			
Bank/Financial Institution:			
Branch:	City:	State:	
Bank ACH Routing Number:			

The authority will remain in full force and effective until Paylocity has received written notification from me of its termination in such time and in such manner as to afford Paylocity a reasonable opportunity to act on it. I also understand by signing this, I am verifying I understand I am responsible for the accuracy of the initial information and the updating of these subsequent fields (i.e. changing bank accounts, bank name changes, etc.).

Signature: _____ Date: _____

MUST ATTACH VOIDED CHECK!

Direct deposit only processed with a copy of a voided check on file.

Submit this form to Planet Depos via secure email billing@planetdepos.com

Please verify the direct deposit information has been updated in the Employee Portal prior to submitting your next claim to Paylocity.

