



MERIDIANSOFT

Payroll Direct Deposit Authorization Form

(Please Type or Print)

Employee Soc. Sec. # _____

Employee Name (Last Name, First Name) _____

Address _____

City, State ZIP _____

() -
Contact Phone _____

NOTE: Requests must allow sufficient time for processing and bank pre-notification, and may not be effective for your next pay date. Late requests may result in a check being issued (for new employee) or deposit to an already established account (for continuing employee). We suggest leaving your old account open until deposit to your new account has occurred.

Employee may select up to two separate accounts.

Complete the account designation boxes (up to 2) including routing and account numbers, and attach the following required documentation:

- **Checking Account:** Attach a voided check.
- **Savings Account:** Attach documentation from financial institution to provide correct routing and account numbers.
- **Money Market Account:** This is a type of checking account. Attach documentation from financial institution to provide correct routing and account numbers.

The routing number is a 9-digit number that appears at the bottom left of your check or deposit slip between the markings I: :I. It cannot begin with a "5". If you are not sure which number to use, contact your financial institution for assistance.

ACTION TYPE

- New Employee Set-up
- Continuing employee set-up (i.e change in account#, financial institution, add or delete account; change in distribution across accounts, etc.)
- Cancel Direct Deposit

IMPORTANT: Enter all financial institutions to which you are depositing funds, and attach documentation for all accounts, even if only one is changing. Enter the lowest % or \$ amount first and the highest % or \$ amount last. This form overrides (replaces) all prior designations.

Account #1

Checking (Attach voided check) Savings (Attach financial institution documentation) Money Market (Attach financial institution documentation)

Bank Name: _____

Bank Address: _____

Routing# (9 digits) _____ Account # _____

Requested amount for this account: (select one)

% Net pay: _____ Specific \$ amount: _____ Entire Balance

Account #2

Checking (Attach voided check) Savings (Attach financial institution documentation) Money Market (Attach financial institution documentation)

Bank Name: _____

Bank Address: _____

Routing# (9 digits) _____ Account # _____

Requested amount for this account:

Remaining Balance

Authorization Agreement: I hereby authorize the MeridianSoft, Inc. to deposit my paycheck each payday directly into the account(s) named above. This authority will remain in force until I have given written notice that I am terminating it, or until my employer has notified me that this deposit service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If an incorrect deposit should be made into my account(s), I authorize my bank(s) and MeridianSoft Inc. to make the appropriate adjustment(s). I understand that in the event my financial institution is unable to transfer funds electronically into my account due to any action I take; MeridianSoft can not issue the funds to me until the funds are returned to MeridianSoft by my financial institution.

Employee Signature: _____ Date: _____

Account Holder Signature: _____ Date: _____
(if other than employee)

Mail ORIGINAL FORM to MeridianSoft, Inc. HR Dept, 100 E Campus View Blvd, Suite 250, Columbus, OH - 43235
Or Fax to 614 455 9111 Or return a signed electronic copy to the person requested

Revised: 2/2/09