



Employee Direct Deposit Application

Company Name: _____ Client ID _____

Employee Name _____ Social Security# _____ - _____ - _____

Requested Action: Enroll Change Cancel

To Initiate Direct Deposit:

I hereby authorize Florida Resource Management (FRM) to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit in error on my account indicated below and the depository named below to credit and/or debit the same to such account.

This authority is to remain in full force and effect until FRM has received written notification from me of its termination in such time and such manner as to afford FRM and a depository a reasonable opportunity to act on it. I realize that FRM is not responsible for any deposits that are not in my account by my regular payday. I further realize that depending on my bank, a deposit that FRM has initiated may take up to three to five business days to affect my account.

Amount To Be Deposited

___ Full Paycheck
___ Percentage _____

Deposited Into

(Check One)
___ Checking Account (Attach voided check)
___ Savings

Attach Voided Check Here

Employee name must be on the account, otherwise deposit may be rejected and all fees incurred will be the responsibility of the employee.

Employee Signature _____

Date _____