



COMPREHENSIVE PAYROLL PROCESSING

Phone (610) 495-3008 – Fax (610) 495-5756

E-mail address - operations@expressdatasys.com

Direct Deposit Employee Information

Include only one employee per form. Submit form via fax; drop off in our office or mail. (This can't be e-mailed! We need the copy of your check/deposit slip.)

(Please use TAB key to move from field to field, or use the mouse. Do not use the ENTER key.)

The information on this form is important and must be completed in total. If any section is left blank, we will be unable to process this employee for direct deposit.

Employees should verify, with the ACH department of their financial institution, that the account numbers and transit routing numbers listed on this form are the correct numbers to be used for ACH direct deposit transmittals.

Incorrect account and transit numbers are costly and time consuming to your employer.

Company Name: _____

Employee ID#: _____

Employee Name (Last Name First): _____

Social Security Number: _____

Bank Name: _____

Indicate Account Type: Checking (provide a copy of a check; attach below)
 Savings (provide a copy of a deposit slip; attach below)

Account Number: _____

Transit Routing Number: _____

Deposit Specific Amount: \$ _____ or Total Net Pay

Attach copy of check or deposit slip here.