DIRECT DEPOSIT AUTHORIZATION FORM

Galactic Employer Services offers you the ability to deposit your payroll check directly into your checking or savings account. You, the employee, will receive a check stub reflecting taxes, deductions, etc. associated with each paycheck.

As a safety precaution, please verify that the direct deposit has gone through before writing checks or withdrawing funds from your account.

PLEASE COMPLETE THE FOLLOWING FORM AND ATTACH A COPY OF YOUR VOIDED CHECK WITH THE ACCOUNT NUMBER PRE-PRINTED ON IT.
THANK YOU.

Name of Client / Worksite: _____

Name: _____ Social Security #: _____

Name of Bank: _____ Bank's Phone #: _____

Branch: _____ Address: _____

_____

Account #: _____ Checking: _____ or Savings: _____

I hereby authorize Galactic Employer Services, Inc. to initiate entries to the above-designated bank account until notified otherwise. Any changes or termination of Direct Deposit services are required in writing. Please allow five (5) business days for changes to take effect.

I understand that deposits must be verified before attempting to withdraw funds or write checks on that account.

Signature: _____ Date: _____

ATTACH A COPY OF YOUR VOIDED CHECK HERE
(Please make sure we can read all of the information/numbers.)