
AUTHORIZATION FOR PAYROLL DIRECT DEPOSIT

- Please allow 1 pay period from the date of receipt of this form by Vista/Whitaker/Envision Payroll or HR Department before the direct deposit is active.
- This direct deposit will be in effect until written notice is received by the Vista/Whitaker/Envision Payroll or HR Department requesting a change or complete cancellation of direct deposit.
- Depending on the date that a cancellation request is received by the Vista/Whitaker/Envision Payroll or HR Department, the cancellation may or may not take effect with that current pay cycle.
- When any changes are made to distribution of your pay, there will be up to a 1 pay period delay Before the change(s) go into effect.

Name: _____ Business Name (if applicable): _____

Do you wish to be paid under your SSN or an EIN? (please choose only one): **SSN** or **EIN**

Please list either the SSN or the EIN you wish to be paid under: _____

Bank/Depository Name: _____

Bank ABA/Routing Number: _____

Bank Account Number: _____

<p>Action Requested (choose one)</p> <p>Add New Account</p> <p>Change to Existing Account</p> <p>Delete Existing Account</p>

Is this account a: **Checking** or **Savings**

This authorization is to remain in full force and effect until the company has received written notification from me of its termination or change in such time and manner as to afford the company opportunity to act on my request.

Employee Signature: _____ Date: _____

*****PLEASE SIGN AND RETURN ALONG WITH A VOIDED CHECK OR BANK DOCUMENTATION FROM ACCOUNT LISTED ABOVE. NO DIRECT DEPOSIT WILL BE SET UP WITHOUT DOCUMENTATION.*****

Return to: Email: beth.howard@vistastaff.com or Fax : 866-209-0526

For corporate use only:

Date received: _____ Date Entered: _____ Entered By: _____