



Request for Direct Deposit

Client Name: _____

Employee Name: _____

Last
First
Middle

Address: _____

Street
City
State
Zip

Fax: (____) _____ Phone: (____) _____

Please fill in the following information for the account(s) listed for deposit.

*** Please attach a voided check(s) for the account(s) listed below ***

Bank Name	Account #	Routing #	% or Amount of Deposit	Checking or Saving

I hereby authorize Unity HR LLC to initiate credit entries (deposit) and to initiate, if necessary, debit entries for any credit entries in error, to my account(s) indicated above.

I understand that direct deposit of funds will not begin until 2 pay periods after my request is received by Unity HR, LLC as Unity HR, LLC verifies account information with my financial institution.

I also understand that this authorization remains in effect until Unity HR LLC receives from me, in writing, notification to terminate the authorization in such a time and manner as to afford Unity HR LLC and my financial institution(s) a reasonable time to act on it.

 Authorized Account Holder Signature

 Date

 Joint Account Holder Signature

 Date

Return to: UnityHR, LLC
 2400 Meridian Street
 Bellingham, WA 98225

**Please
 Staple
 Voided
 Check
 Here**