



**EMPLOYEE DIRECT DEPOSIT APPLICATION**

**Employee Instructions:**

1. Complete the employee required information section.
2. Complete the direct deposit data.
3. **Attach voided check**
4. Sign the bottom of the form.
5. Retain a copy of this form. Return the original to your employer.

| EMPLOYEE - Required Information |   |
|---------------------------------|---|
| <small>Please Print</small>     |   |
| Employee Name                   | _____   |
| Social Security No.             | ____ / ____ / _____   |
| Preferred Language-             | English <input type="checkbox"/> Spanish <input type="checkbox"/> |

**Employer Instructions:**

1. Complete the Employer Information.
2. Return this original form to IRM office.

| EMPLOYER - Required Information |       |
|---------------------------------|-------|
| <small>Please Print</small>     |       |
| Client Name                     | _____ |
| Client Number                   | _____ |
| Federal EIN -                   | _____ |

| Complete the below to Add or to Cancel your Direct Deposit Deposit   |   |
|--|---|
| I would like my wages/salary deposited to the following bank account(s):   |   |
| <input type="checkbox"/> Checking<br>Bank Name - _____<br>Attach a voided check or bank letter.<br>Please no deposit tickets.                        | <input type="checkbox"/> Savings<br>Bank Name - _____<br>Attach a voided check or bank letter.<br>Please no deposit tickets.  |
| <input type="checkbox"/> Entire Net Pay<br><input type="checkbox"/> _____% of Net Pay<br><input type="checkbox"/> Specific Dollar Amount \$ _____.00 | <input type="checkbox"/> Entire Net Pay<br><input type="checkbox"/> _____% of Net Pay<br><input type="checkbox"/> Specific Dollar Amount \$ _____.00<br><input type="checkbox"/> Cancel My Direct Deposit |

I hereby authorize Infiniti Resource Management, LLC (hereinafter IRM), to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter Bank) indicated above. Further, I authorize BANK to accept and to credit any credit entries indicated by IRM to my account. In the event that IRM deposits funds erroneously into my account, I authorize IRM to debit my account for an amount not to exceed the original amount of the erroneous credit. You will incur a \$.30 processing fee per transaction. If the account information given to IRM is not accurate and the prenote file is rejected you will incur a \$5.00 fee.

This authorization is to remain in full force and in effect until BANK and IRM have received written notice from me of its termination in such time and in such manner as to afford IRM and BANK a reasonable opportunity to act on it.

Employee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ **Return this form to your employer.**