

# Direct Deposit Authorization

I hereby authorize Innovative Partners, Inc. to directly deposit my payroll into the following account:

Employee Name: \_\_\_\_\_

Bank Name: \_\_\_\_\_

Bank Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Account Type: \_\_\_\_\_ Checking \_\_\_\_\_ Savings (Check one only)

**PLEASE NOTE: IF THE NUMBERS ENTERED ABOVE ARE INCORRECT, INNOVATIVE PARTNER'S CAN NOT BE RESPONSIBLE FOR THE LENGTH OF TIME TO PLACE DEPOSIT IN THE CORRECT ACCOUNT**

***\*\*THIS COMPANY RESERVES THE RIGHT TO MAKE YOUR LAST PAYCHECK A PHYSICAL PAYCHECK\*\****

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**FOR CHECKING ACCOUNTS: PLEASE ATTACH A VOIDED CHECK FOR VERIFICATION OF ACCOUNT INFORMATION**

**FOR SAVINGS ACCOUNTS: WE MUST HAVE A FORM FROM YOUR BANK FOR VERIFICATION OF ACCOUNT INFORMATION**

**VOIDED CHECK PLACED HERE**

**Please Note: The bank charges a \$1.50 fee per deposit for direct deposit. Two-thirds of the fee, one dollar (\$1.00), will be paid by Innovative Partners, Inc.; the employee will be responsible for the remaining fifty cents (\$.50).**

\_\_\_\_\_  
Received By

\_\_\_\_\_  
Processed By

\_\_\_\_\_  
Deduction Placed

\_\_\_\_\_  
Date