



EMPLOYEE INFORMATION

Full Name _____

Employee Number _____

Phone Number _____

NAME OF EMPLOYER: _____

BANK/CREDIT UNION	CHECKING/ SAVINGS	AMOUNT/ PERCENTAGE	SEQUENCE	ROUTING NUMBER	ACCOUNT NUMBER

*If percentage, please note with percent sign.

** Sequence is the order in which accounts are deposited into. 0 equals remaining net pay.

Deposits are normally available two (2) banking days after processing. It is my responsibility to verify deposits before writing checks against these funds. This Authorization can take up to ten (10) business days to activate. I understand that neither my employer, nor HR Butler and its banking affiliates, are responsible for bank errors or bank fees. Direct Deposit Financial services are provided in accordance with HR Butler Direct Deposit agreement and the conditions, limitations and restrictions of the National Automated Clearing House Association. I may cancel Direct Deposits(s) at any time.



DIRECT DEPOSIT ACCOUNT VERIFICATION

Please attach a voided check(s) or savings account identification so that we may verify your routing and account numbers.

IS THIS A CHANGE TO A CURRENT AUTHORIZATION?

☐ Yes ☐ No

I hereby authorize my employer as noted above, HR Butler and its banking affiliates, and all financial institutions involved in each transaction to deposit any amounts owed to me to the indicated account(s) and to make adjusting entries including the removal of funds if the employer does not make them available, in which case, I waive any rights I may have to return debit entries to my account, and I personally guarantee the return of the funds in question.

*All fields are required.

Employee Signature _____

Date _____

EMPLOYERS MAIL TO: HR Butler, LLC, 63 Corbins Mill Drive, Dublin, OH 43017

FAX TO: 614-923-2368

PLEASE SPEAK TO YOUR EMPLOYER WITH ANY QUESTIONS