



**413 W. Second St., Carson City, NV 89703**  
**Ph: 775-350-7587 Fax: 775-350-7590**

Date: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_

Client Name: \_\_\_\_\_

Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ M: \_\_\_\_\_

New Direct Deposit Authorization Request (Check stub will be by Secure Internet Access)  
 Please provide email address: \_\_\_\_\_

Change of Direct Deposit Authorization Request

**CANCELLATION OF DIRECT DEPOSIT**

You may designate any financial institution or credit union in the U.S. Personnel Plus will notify you if the institution you choose does not qualify. You may have your earnings distributed to multiple checking or saving accounts. There is a 10-day pre-note on all accounts. Direct deposit will not take place until after this period.

Name of Financial Institution	Account Type	Amount for Deposit
① _____	_____	_____
② _____	_____	_____
③ _____	_____	_____

I have established an account at the financial institution indicated above and authorize Personnel Plus to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my checking or savings account indicated above. I have attached a copy of a voided check(s) and or a letter from my financial institution for savings accounts.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_ \ \_\_\_\_ \ \_\_\_\_

Please Note: Funds may not be available in your account on payday. Posting times vary depending on your financial institution(s).

**Attach Voided Check Here**  
**(No Deposit Slips Accepted)**