INOVAPayroll™
The Smart Way to Pay™

Direct Deposit Authorization
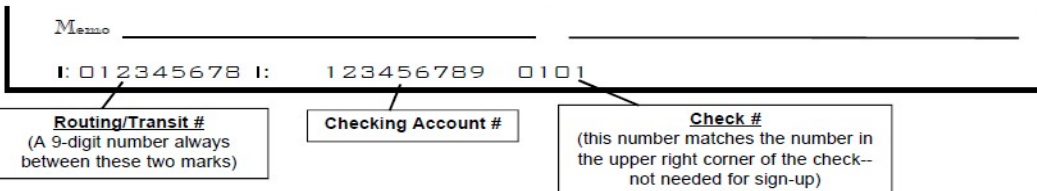**(Please Complete and Return to Your Employer)**

CLIENT ID: _____   **CLIENT NAME:** _____

3 Simple Steps Are Needed:

Step 1: Complete your name, social below
Step 2: Sign your name in the space provided
Step 3: Attach a voided check for each separate account listed.
No deposit slips, please.

Bank Name		☐ Checking ☐ Savings ☐ $ Market
Routing/Transit #	Account #	$_____ or %_____
Bank Name		☐ Checking ☐ Savings ☐ $ Market
Routing/Transit #	Account #	$_____ or %_____
Bank Name		☐ Checking ☐ Savings ☐ $ Market
Routing/Transit #	Account #	$_____ or %_____
Bank Name		☐ Checking ☐ Savings ☐ $ Market
Routing/Transit #	Account #	$_____ or %_____

Below is a sample check MICR line, detailing where the information necessary to complete the form can be found.

Memo _____   _____

I: 012345678 I: 123456789   0101

Routing/Transit #
(A 9-digit number always between these two marks)

Checking Account #

Check #
(this number matches the number in the upper right corner of the check-- not needed for sign-up)

ATTENTION PAYROLL MANAGER:
Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.

I authorize Inova Payroll's said institution, and the financial institution(s) I list above to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries, which were incorrectly funded by any person or for any processing activities by said Banking Institutions. This authorization will remain in effect until written notice of cancellation.

Employee Name	Social Security# (Last 4 digits)
Employee Signature	Date