



Direct Deposit Authorization Form

IMPORTANT: All information is required for Modern Business Associates to process direct deposit.

The following amounts will be deducted from your paycheck *each pay period*:

Your name must appear on the account designated below .

Direct Deposit #1	
*Financial Institution Name: _____	<input type="checkbox"/> Net Pay
Account Number: _____	<input type="checkbox"/> \$ _____
Routing Number: _____	<input type="checkbox"/> % _____
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Investment Account <input type="checkbox"/> Reload Card	
Direct Deposit #2	
*Financial Institution Name: _____	<input type="checkbox"/> \$ _____
Account Number: _____	
Routing Number: _____	<input type="checkbox"/> % _____
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Investment Account <input type="checkbox"/> Reload Card	
Direct Deposit #3	
*Financial Institution Name: _____	<input type="checkbox"/> \$ _____
Account Number: _____	
Routing Number: _____	<input type="checkbox"/> % _____
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Investment Account <input type="checkbox"/> Reload Card	

**Financial Institutions include: Banks/Credit Unions— checking, savings and loans accounts, Investment accounts or allowed Reload accounts*

Please attach one of the following for each direct deposit:

For Checking or Investment Accounts- a voided check or copy of a check. Starter checks must have your name pre-printed.

For Savings Accounts- a letter from the Financial Institution verifying the account information.

For Reload Accounts- submit the appropriate Reload Form or a letter verifying the account information.

**Note: Incomplete or unacceptable information will delay the start of your direct deposit(s).
Letters or Forms must have your information pre-printed or typed.**

I hereby authorize Modern Business Associates. to deduct from my paycheck the noted amounts **EACH PAY PERIOD** and to initiate adjustments if necessary for any entries made in error. Any changes must be submitted on a new Direct Deposit Authorization Form.

I understand that it may take up to 30 days before my deposit request is initiated.

Printed Name: _____ Date: _____

Signature: _____ SIGN HERE Social Security Number: _____

Please fax to 727-563-1502 or 866-896-2528 or email to your Payroll Representative