



# DIRECT DEPOSIT AUTHORIZATION FORM

1701 Main St, Suite B  
P.O. Box 6040  
Van Buren, AR 72956

Phone: (479) 474-7752  
Fax: (479) 922-8002  
Toll Free: (800) 940-8706

Employee Name (Please Print)

Social Security #

Client Company

I do hereby authorize Southern Personnel Management, Inc. (SPMI) to direct deposit:

the **amount** of \$ **or** .....% of my net check

into my: **CHECKING** account **or** **SAVINGS** account

Please make the following **CHANGE** to my direct deposit:

Please **STOP** my direct deposit.

Please change the **AMOUNT** or **PERCENTAGE** of my direct deposit as shown above.

Please **CHANGE** my direct deposit to my **NEW ACCOUNT**.

My account information is:

**Account:**

**Bank Routing (ABA) #:**

**Bank Name:**

**Bank Phone #:**

I hereby authorize SPMI to initiate deposit entries to my account and, if necessary, to initiate draft entries for any deposit entries made in error. I understand that it will take up to one (1) pay period to set up and verify the routing for this procedure before the direct deposit begins. I also understand that it is my responsibility to verify that the funds are in my account prior to writing checks or making drafts against said funds. SPMI will **NOT** be liable for any charges or fees related to returned items. I have attached required documents below, for use in setting up the direct deposit.

**SPMI will not set up direct deposit until required documents are received.**

**Signature Required**

Date

## ATTACH REQUIRED DOCUMENT HERE

Attach a copy of a voided check (for Checking Accounts), Account Identification Card (must include Routing Number), letter from Financial Institution that includes Routing Number and Account Number (for Savings Accounts), or Financial Institution Direct Deposit Authorization form. Faxed copies are acceptable.