

ALL PEO PAYMENT DELIVERY METHOD

DIRECT DEPOSIT ENROLLMENT OR CHANGE AUTHORIZATION
LIVE CHECK & ADVANCE POLICY FINAL PAYCHECK DELIVERY



Employee Name: _____

PLEASE CHOOSE ONE OF THESE PAYMENT METHODS

- New/Additional Account Change Account Pay Card No Direct Deposit

BANKING INFORMATION

Financial Institution Bank Name	<input type="radio"/> Checking <input type="radio"/> Savings <input type="radio"/> Pay Card	Amount/ Percentage	Bank Transit/Routing Number (9 digits)	Account Number

I AUTHORIZE The Employer, All PEO to deposit all of my paychecks electronically as specified above and, if necessary, perform debit entries or make adjustments for any credit entries in error to my account each pay period.

Direct Deposit to Pay Card: I understand that if my paychecks are deposited to a Pay Card account, All PEO cannot make inquiries nor obtain information regarding lost funds, fees charged to me, errors, or related concerns. I must contact the company or institution that issued my card to obtain any information.

Payroll Advance: I authorize All PEO to deduct, from my paycheck, any and all amounts paid in advance by my employer.

Final Paycheck: If my job with my employer ends, I consent to my final paycheck being deposited in accordance with this form. In the alternative, I authorize All PEO to mail my final paycheck to the address on record with the company Human Resources Department. I acknowledge that I am responsible for providing the Human Resources Department with my current and correct personal information, including my mailing address. This authority will remain in effect until I cancel it in writing.

- NO Direct Deposit-** Paychecks delivered by mail will be post marked no later than the pay date. There is no guarantee funds will be available on pay day. By electing to receive my paycheck by any method other than direct deposit, I accept the responsibility for any lost, stolen, misplaced, or destroyed checks. If after 7 days an additional or replacement check is requested by me, All PEO will issue a stop payment on the original check for a fee of \$35.00 per check.

Employee Signature

Date

NOTE: ROUTING NUMBERS AND A VOIDED CHECK ARE REQUIRED IN ORDER TO PROCESS THIS REQUEST.

All PEO 8100 SW Nyberg St., Ste150, Tualatin, OR 97062 503.624.4855 Fax: 503.624.4845