

Direct Deposit Authorization for the CDS Program

INSTRUCTIONS: Please fill in the information requested below

- Send a copy of a voided check with this form** If you do not use paper checks, have your financial institution provide you with a form that indicates your bank account and routing numbers. This applies to savings accounts as well. **Your direct deposit will not be set up without a copy of a voided check or a form from your financial institution. (THIS INCLUDES RE-LOADABLE CREDIT/DEBIT CARDS**
- Fax or mail completed form to FMSA along with the copy of the voided check.
- Employees must keep the FMSA informed of any changes to the banking information in order to receive their direct deposit without interruption.
- Please allow **2 to 3 payrolls** for the direct deposit to take effect.

Employer's Name _____ Date: _____

Initial Setup **Change** **Cancel**

Name of Employee:		Social Security Number:	
Address (Street, Route, P.O. Box):		Email address:	
City, State, Zip Code		Telephone Number: ()	
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Re-loadable card		Employee Account Number:	
Name and Address of Financial Institution/Bank:		Routing Number:	
		FMSA Use:	
I hereby authorize my FMSA to directly deposit my pay in the account listed above. This authorization is to remain in force until the company has received written authorization from me of its termination or change. Also, I grant my FMSA the right to correct my Electronic Funds Transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.			
Employee Signature:		Date:	

PLACE CHECK COPY HERE: (or attach letter from financial institution)

TEMPORARY CHECKS WITHOUT THE ACCOUNT HOLDERS NAME ARE NOT ACCEPTABLE

DEPOSIT SLIPS ARE NOT ACCEPTABLE

ACCOUNTS IN THE NAME OF THE CLIENT OR EMPLOYER (OR JOINTLY HELD) ARE NOT ACCEPTABLE.

THIS FORM MAY ALSO BE USED FOR YOUR RE-LOADABLE CREDIT OR DEBIT CARD