



# ACLINE HR

Employee Leasing the Way it Should Be...**SIMPLE SAFE SECURE**

## EMPLOYEE PAYROLL DIRECT DEPOSIT FORM Revised November 2011

Company Name:		Date:
Employee Name:		
Social Security Number:		
Bank Account Number:		
Bank Routing Number:		
Please Select:	<input type="checkbox"/> Checking	<input type="checkbox"/> 100% or <input type="checkbox"/> _____ % (of net pay)
	<input type="checkbox"/> Savings	<input type="checkbox"/> 100% or <input type="checkbox"/> _____ % (of net pay)
Employee Signature:		Date:

**Please return this form to: ACLINE HR, 25074 Olympia Avenue, Suite 110, Punta Gorda, FL 33950**

Please be aware that if you direct Acline HR to deposit funds into an account on which you are not a signatory, Acline HR will not be held responsible for recovery of those funds.

**ONE OF THE FOLLOWING MUST BE SUBMITTED WITH THIS FORM TO ACTIVATE YOUR DIRECT DEPOSIT**

1. Checking Account: copy of a VOIDED CHECK\*
2. Savings Account: copy of a VOIDED SAVINGS ACCOUNT SLIP\*

*\*In lieu of this document, we will accept a letter from your bank stating Name, SSN, Routing Number, Account Number and Type of Account*

### ACLINE HR

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