

## Direct Deposit Authorization

Evolution Payroll Processing, LLC

1. Employer Information		
Company Name	Company Number	
2. Employee Information		
Last Name	First Name	MI
Employee Identification Number		
3. Bank Information*		
Bank Name	Account Type	
	☐ Checking ☐ Savings	
Routing/Transit Number. These are the nine digits to the left of your account number on the bot	tom of your check	
Account Number		
Amount to be deposited (Select either percentage or dollar amount.)		
Percentage. Please specify:	☐ Dollar amount. Please specify: \$	
4. Additional Bank Information*		
Bank Name	Account Type	
	☐ Checking ☐ Savings	
Routing/Transit Number. These are the nine digits to the left of your account number on the bot	tom of your check	
Account Number		
Amount to be deposited (Select either percentage or dollar amount.)		
Percentage. Please specify: %	Dollar amount. Please specify: \$	
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5. Authorization Agreement For Direct Deposit		
*Please note, it can take up to 10 business days to process your direct deposit re	quest and for you to begin receiving direct deposits.	
I authorize my employer to make deposits to my account. In the unlikely even	t of a deposit error, I authorize my employer to make adjustm	ents to correct the error.
Signature	Date	

<sup>\*</sup>Attach a voided check with this agreement. Deposit slips are not accepted. Information provided should match voided check.