

Custom Payroll Service, Inc

637 E. Big Beaver Rd

Suite 210

Troy, MI 48083

248-619-9042

FAX 248-436-6228

Annette@custombookkeepinginc.com

Employee Information for Direct Deposit

Company Name _____

New

Revised

Employee Name _____

Employee Address _____

City, State, Zip _____

Social Security Number _____

Bank Account #1	Bank Account #2
Bank Name:	Bank Name:
Routing Number:	Routing Number:
Account Number:	Account Number:
Type of Account: checking <input type="checkbox"/> savings <input type="checkbox"/>	Type of Account: checking <input type="checkbox"/> savings <input type="checkbox"/>
Indicate Deposit Amount for this account:	Indicate Deposit Amount for this account:
Percent of Deposit Amount: _____%	Percent of Deposit Amount: _____%
Selected Dollar Amount: \$ _____	Selected Dollar Amount: \$ _____

If depositing entire net pay into one account please put 100% in Percent of Deposit Amount

****Custom Payroll Service is not liable for incorrect information provided on this form.****

**** You MUST provide a cancelled check, a copy of a cancelled check, or a form authorized **
by your bank for each account, including savings. A deposit ticket will not be accepted.
Your direct deposit will not be processed without this information.**

Signature _____

Date _____