DYATECH

PAYROLL DIRECT DEPOSIT FORM

Company Name

EMPLOYEE INFORMATION

Social Security Number | First Name | MI | Last Name

Address

City | State | Zip Code | + 4

STATUS INFORMATION

Change Effective Date ___/___/___

Change Type:

- ☐ New Direct Deposit
- ☐ Change Existing Direct Deposit Information
- ☐ Cancel Direct Deposit

PAYROLL DIRECT DEPOSIT

- ☐ Voided check attached

Type of Account:

- ☐ Checking: Amount $_____ or _____%

Name of Financial Institution

Routing Number | Account Number

- ☐ Savings: Amount$_____ or _____%

Name of Financial Institution

Routing Number | Account Number

AUTHORIZED SIGNER USE ONLY

I authorize the above form and acknowledge that the information provided herein is complete and accurate.

_____

Signature of Authorized Signer | Date

Please fax completed form to 601-510-9832 or email form to Payroll@dyatech.com or mail to Dyatech, 805 South Wheatley Suite 600, Ridgeland, MS 39157. Incomplete forms will be discarded after 30 days of receipt if completed form is not received.
For assistance with forms, please contact Payroll Services at 866-651-4222.
8/2011