## **Direct Deposit Information**

We are pleased to be able to offer you the convenience of direct deposit. You can have your paycheck automatically deposited in your checking or savings account on payday. *You do not have to change your present banking relationship to take advantage of this service.* 

To have your paycheck deposited into your checking or savings account you must:

- 1. Complete and sign the attached authorization agreement for direct deposit.
- 2. Attach a voided check to the authorization form or have your financial institution complete the account information on the authorization form.
- 3. Not be incarcerated per WI statue 303.08.

### **Frequently Asked Questions**

#### When will my pay be deposited?

Your account will be credited on FRIDAY. The exact time on payday may vary from bank to bank. Please call your financial institution for the exact time.

#### Will I receive a paycheck stub?

No. To view your paystubs, you will need to set up an Intuit account @ www.paychecks.intuit.com.

#### Can I have my pay split and deposited into more than one account?

Yes. You can have up to two accounts on file.

#### Does Direct Deposit automatically stop when my bank account is closed?

No. You must notify Guardian in writing to cancel your direct deposit or change to another account (even when opening another account with the institution). Once you are on direct deposit-do not change or close your account until the payroll department has processed the change!

#### How do I sign up?

Complete a Direct Deposit Authorization form and return it with a voided blank check or have your bank complete the account information.

# **Direct Deposit Authorization Form**

I authorize Guardian HealthStaff, LLC to initiate electronic entries each pay period, and if necessary, debit entries and adjustments for any credit entries made in error to my accounts listed below.

(Name)	First	M.I.		Last
Social Se	ecurity Numl	ber	_	
Financia	l Institution	Name:		☐ Checking / ☐ Savings
Account	: Number		_ Routing Number_	
Please c	hoose one o	option below		
☐ I have below. ☐ I have below.	e two bank a	0% of my direct deposit to the a accounts and would like to move accounts and would like to move ank account	e% of my dire	
If you do not receive a check for 90 days, you will need to complete a new Direct Deposit Authorization Form to re-establish direct deposit.				
*****	********	********	******	*********
Second Bank Account (Optional)				
Financia	ıl Institution	Name:		☐ Checking / ☐ Savings
Account	: Number		_ Routing Number_	
Signatuı	re		Date	
*****	********	*******	******	********
☐ I am interested in opening a payroll deduct IRA account				
☐ I am NOT interested in opening a payroll deduct IRA account				