



Please email, fax, or mail to:
 Goldleaf Partners
 P.O. Box 806
 Brainerd, MN 56401

Phone: 866.882.8442
Fax: 844.756.9743

AUTHORIZATION FOR EMPLOYEE DIRECT DEPOSIT

Request Applies to: Payroll Benefits (FSA, HSA, HRA) Both
 Complete and return to: payroll@goldleafpartners.com benefits@goldleafpartners.com benefits@goldleafpartners.com

1. Employee Information (check one):

Initial Request Change Banking Information Cancel Direct Deposit

Employer Name: _____
 Employee Name: _____
 Employee Address: _____
 City, State, and Zip: _____
 Social Security # (last 4 digits only): _____ Daytime Phone: _____
 Effective Date: _____ Email: _____

2. Financial Institution Information

Account Number*			
Transit/ABA Number*			
Financial Institution Name			
Financial Institution Address		City	State
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings			
<p>* JON SMITH 1234 8th ST. S. FARGO, ND 58102</p>		<p style="text-align: right;">1200</p> <p>DATE _____</p> <p>PAY TO THE ORDER OF _____ \$ _____</p> <p style="text-align: right;">DOLLARS</p> <p>MEMO _____</p> <p>⑆0⑆2345678⑆⑆68590⑆34⑆⑆ 200</p>	
Routing/ABA Number		Account Number	

3. Payroll Only Deposit: Net Pay Other Amount: \$ _____
For deposit into multiple accounts, please complete one form for each account.

4. Employee Authorization

_____ Employee Signature	_____ Date
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