



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 | Zip |
| Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings | | | |
| | | | |
| 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 |
|-----------------------------|---------------|