



OneSource Employee Management
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EMPLOYEE DIRECT DEPOSIT AGREEMENT FORM

AUTHORIZATION

I hereby authorize **ONESOURCE Employee Management** to initiate automatic deposits to my account at the financial institution named below. I also authorize **ONESOURCE Employee Management** to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold **ONESOURCE Employee Management** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **ONESOURCE Employee Management** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

ACCOUNT INFORMATION

Name of Financial Institution: _____

ABA #/ Routing Number: _____

Account Number: _____ Checking Savings

Amount to be Deposited (% or \$): _____

SIGNATURE

Employee Name (Please Print): _____

Authorized Signature: _____ Date: _____

Client Company Name: _____ SS #: _____

Please attach a voided check and return this form to **ONESOURCE Employee Management's Payroll Department**.
Separate forms are required per Financial Institution.