



HRPro, Inc.

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 Fax: 248.543.2296
www.HRPro.com
accounts@hrpro.com

Direct Deposit Authorization/Change Form

1. Complete all information on this form and sign the authorization
2. For checking accounts: attach a voided check (or photocopy of a check)
3. For savings accounts: attach a deposit slip
4. Once complete, fax all information to HRPro at 1-888-989-8329

Participant Information

I am (check one)	<input type="checkbox"/> Beginning <input type="checkbox"/> Canceling <input type="checkbox"/> Changing a Direct Deposit Account
Employee Name (First, MI, Last)	
Employer Name	
Employee ID	
Daytime Phone Number	
Social Security Number	
Email address (Mandatory, all account notifications will be sent via email)	

Transit/ABA Number: 0123456789
 Account Number: 68590134

Financial Institution Information

Account Number				
Transit / ABA Number				
Financial Institution Name				
Financial Institution Street Address				
City		State		Zip
Account Type	<input type="checkbox"/> Checking <input type="checkbox"/> Savings			

Employee Authorization

I authorize HRPro, Inc. to initiate credit entries to my account show above. This authorization will remain in effect until HRPro receives written notification from me of its change or termination at such time and manner as to afford HRPro reasonable opportunity to act on it.

Employee Signature		Date	
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