

## **Employee Information Form**

Employer name:		
Employee Name:		Social Security Number:
Direct Deposit Authorization  Fill in the following boxes according to how you want your check distributed. If your entire check should be deposited into one account, only fill out the "Account One" section. Use the next two sections if you wish to have your check split between accounts. Yoder Financial Services will process these in order.		
Account One		
Type of account:	ABA Bank Routing Number (must be 9 numbers):	Account Number:
☐ Checking ☐ Savings	10 10	II.
What would you like deposited in this account?  □ Your Entire Check	□ A Set Amount: \$	□ A Percentage:%
a rour time entent	Account Two	
Type of account:	ABA Bank Routing Number (must be 9 numbers):	Account Number:
☐ Checking ☐ Savings	1:	_
What would you like deposited in this account?	•	
□ Remaining Check Balance	□ A Set Amount: \$	☐ A Percentage:%
Account Three		
Type of account:	ABA Bank Routing Number (must be 9 numbers):	Account Number:
☐ Checking ☐ Savings		II.
What would you like deposited in this account?		
☐ Remaining Check Balance	□ A Set Amount: \$	☐ A Percentage: %
If funds to which I am <b>not</b> entitled are correcting (debit) entry. I understand t Services at any time. If any of the abov agreement. If the direct deposit is not your employer for distribution. This wi check.	deposited in my account, I authorize hat the authorization may be rejecte information changes, I will prompt stopped before closing an account, f II delay your check and may result in	d or discontinued by Yoder Financial ly complete a new authorization unds payable to you will be returned to
Employee signature:		Date:
	☐ Hourly ☐ Salary staxes: axes (attach a copy of employee's Fo (attach a copy of the employee's sign	
Employer signature:		Date:
The following forms must accompany this information form:  □ Form W-4 □ Form I-9 □ (if applicable) PA Residency Certificate		