

Direct Deposit Form



Today's Date _____

Employee Name _____

Employer Name _____

Social Security # _____

Name on the account to be credited _____

Date Direct Deposit should take effect (must be two full calendar weeks after submitting to **PayDay Resources**)

This form authorizes **PayDay Resources** to credit money to my account

Employee Signature _____

Financial Institution Name _____

9 Digits Routing Number ____-____-____-____-____-____-____-____-____

Account Number ____-____-____-____-____-____-____-____-____-____-____-____-____-____-____

Checking _____ Savings _____

*Please attach a voided check below and mail to (or drop off at) the PDR office, which is located at 3051 W. Maple Loop Dr., Ste. 101, Lehi, UT 84043.
Or you can fax this info to 801.404.5245
If you have questions, please call 801.404.5241*

If a savings account, attach a copy of a deposit slip

Failure to attach a copy of check may result in the delay of direct deposit