



FMS-Applications Department
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 Toll-Free: 1-877-722-8833

DIRECT DEPOSIT APPLICATION

In order to avoid a delay or a rejection to your direct deposit, please follow these instructions. Incomplete or forms needing correction will be returned.

Check one: NEW _____ CHANGE _____ CANCEL _____

Please note: It can take up to two pay dates before the direct deposit can be made to your account. Funds will be available on your scheduled pay date as long as timesheets are received when due.

It is your responsibility to verify funds deposited to your account. Allied is not responsible for any overdraft fees incurred.

EMPLOYEE INFORMATION:

NAME: _____

ADDRESS: _____

PHONE #: _____ SSN# _____-____-_____

NAME OF EMPLOYER: _____

(You must fill out a separate form for each consumer that you work for, if you are seeking direct deposit for multiple paychecks.)

ACCOUNT INFORMATION:

BANK NAME: _____

ACCOUNT: Checking Savings Pre-paid Debit Card

ACCOUNT #: _____ 9 DIGIT ROUTING #: _____

(If Any Bank Information Changes, You Must Complete a New Form and You May Receive a Manual Check While the Change is Being Processed)

*****YOU MUST ATTACH A VOIDED CHECK OR A BANK AUTHORIZED FORM WITH THE ACCOUNT INFORMATION. WE CANNOT PROCESS ANY APPLICATIONS WITHOUT THIS TYPE OF ACCOUNT VERIFICATION.**

Your signature authorizes Allied Community Resources and the financial institution listed above to deposit your pay check directly to your account and reverse incorrect transactions. Your signature also verifies you have read all instructions on this application and agree to the statements made therein.

Signature: _____ Date: _____

****If you do not have a bank account you would like to use for Direct Deposit, we offer Debit Cards for your convenience. Please call our Customer Service department to request an enrollment form.**

PCA ___ ECP ___ ABI ___ DDS ___ MFP ___ ALAPC ___ PAYROLL SET UP DATE: _____ initials: _____ EMPLOYEE NO: _____ Pass for filing when complete.
