



# DIRECT DEPOSIT EMPLOYEE AUTHORIZATION

Please complete the form, print, sign and return to Fronteer Professional Services.

New                      Change of Account

I authorize Fronteer Professional Services to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my account each payday. This authority will remain in effect until I have cancelled it in writing. I understand that I am responsible for informing Fronteer Professional Services of any changes made to this account, especially the closing of it. I understand I am responsible for providing Fronteer Professional Services with my accurate routing and account number and Fronteer Professional Services will not be responsible for misdirected checks that are a result of my providing inaccurate banking information. I also understand that Fronteer Professional Services will not be held responsible for any misdirected checks resulting from my changing or closing this account prior to notifying the company.

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Employer \_\_\_\_\_

**First Account:**

Financial Institution \_\_\_\_\_

Transit Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Check One:            Checking            Savings            Amount of Percentage for this Account \_\_\_\_\_

**Second Account:**

Financial Institution \_\_\_\_\_

Transit Routing Number \_\_\_\_\_ Account Number \_\_\_\_\_

Check One:            Checking            Savings            Amount of Percentage for this Account \_\_\_\_\_

Signature \_\_\_\_\_

Date \_\_\_\_\_

**SUBMIT YOUR COMPLETED APPLICATION TO:**

Fronteer Professional Services  
4007 State Street Suite 20 • Bismarck, ND 58503  
T: (701) 258-9848 • F: (701) 258-1011  
E: customerservice@fpspayroll.com

<b>For Office Use Only</b>
Employee #: _____
Prenote: _____
Direct Deposit: _____