

Progress, Inc.
Direct Deposit Request Form

Please **PRINT** the information requested.

Request Date: _____

Employee Name: _____

Bank Name: _____

Bank Account No: _____

Bank Routing No.: _____

Bank Account Type: Checking Savings

Amount to Deposit: Entire Check
 Fixed Amount = \$_____

Date to Start: _____

I authorize Progress, Inc. to automatically deposit my paycheck each pay period as I have approved above. In the event that I make any change to my bank account that would affect direct depositing, I agree to notify the Progress Payroll and Benefits Administrator, in writing, of this change. I understand that a minimum of 7 business days notice is required to make changes to my direct deposit instructions.

Employee

Date