

## **Direct Deposit Application**

Email Address (required):

Name:

Employer's Name:	Organization:	
When you apply for direct deposit you authorize Stuart T. Wilson CPA, PC to deposit your payroll automatically into your checking or savings account.		
<ul> <li>All cancellations must be so</li> <li>Do not close your bank acceptor your payment will be delated.</li> <li>On payday you will receive email comes from no replay your notice.</li> <li>Stuart T. Wilson CPA, PC is funds prior to their actual of Stuart T. Wilson CPA, PC is</li> </ul>	ubmitted in writing.  count without providing our office yed.  your check stub via email. This a y@stuartwilsonfi.com. Please che  not held accountable for any ove confirmed deposit.  authorized to correct errors that ting that you no longer want direct	·
Signature	 Date	Phone #
Bank Account Information:		
Account Type:		
	account number. This ensures acc	tter from your bank. The document must ount accuracy. Deposit slips or your

Handwritten information on this page will not be accepted.

Return via Fax: 989-832-5404 Email: payroll@stuartwilsonfi.com

Mail: Stuart T. Wilson CPA, PC Attn: Personnel 6300 Schade Dr. Midland, MI 48640