

# Positive Directions/Positive Directions II LLC

## Payroll Request Form

Employee Name \_\_\_\_\_ Date \_\_\_\_\_

Please fill out the appropriate information and send to the office no later than the Monday BEFORE payday:

(Please check one):

- |   |                                |
|---|--------------------------------|
| <input type="checkbox"/> Request Live Check                       | Effective Pay Date _____       |
| <input type="checkbox"/> Request Direct Deposit                   | Effective Pay Date _____       |
| <input type="checkbox"/> Request Change to Direct Deposit Account | *Direct deposit form required* |

X \_\_\_\_\_  
Signature Date

\*\*This form can be hand delivered to the office, faxed to (302)654-9445, or emailed to [sdiggins@positivedirectionsde.com](mailto:sdiggins@positivedirectionsde.com)\*\*