



EMPLOYEE DIRECT DEPOSIT AUTHORIZATION AGREEMENT

New Payroll Deposit; Change Deposit Information; Revoke Authorization -Date _____

Name _____ SSN _____

Employer _____ Company ID _____

I authorize my employer, or a payroll processor on my employer's behalf, to deposit any amounts owed me by initiating credit entries to my account at the financial institution (the "BANK") INDICATED BELOW. Further, I authorize BANK to accept and credit entries indicated by COMPANY to my Checking Savings account (select one). I acknowledge the deposit of any amount is an advance of funds on behalf of my employer and the responsibility of my employer and not that of a payroll processor, if any, and is subject to the successful collection of the funds by the processor from my employer's account. If my employer does not make available to the processor the funds that were advanced to make the deposit into my account I authorize the processor to debit my account to recover said advance. I agree to hold the processor harmless from loss to indemnify it, limited to the amount of the deposit. I also authorize my employer or, the processor, if any, to debit my account in the event of a credit which should not have been made for an amount not to exceed the original amount of the erroneous credit.

Employee Signature: _____

COMPLETE THE FOLLOWING SECTIONS AS APPLICABLE:

SECTION A: - CHECKING ACCOUNT: A voided check or letter from your bank must accompany this form to insure that we use the correct bank routing numbers and account numbers. Please *DO NOT* send a deposit slip from checking account. We cannot deposit funds into an account that does not have your name on it.

Bank Name _____ City _____ State _____

I wish to deposit \$ _____ or _____ % of entire Net Pay

Bank Routing or Transit #: _____ (This must be 9 digits)

Checking Bank Account #: _____

SECTION B: - SAVINGS ACCOUNT: A letter from your bank must accompany this form to insure that we use the correct bank routing numbers and account numbers. Please *DO NOT* send a deposit slip from the savings account.

Bank Name _____ City _____ State _____

I wish to deposit \$ _____ or _____ % of entire Net Pay

Bank Routing or Transit #: _____ (This must be 9 digits)

Savings Bank Account #: _____

COPY OF VOIDED CHECK OR LETTER FROM BANK MUST BE ATTACHED