

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Name	SSN		
Employer	Company ID		
I authorize my employer, or a payroll processor on my employer's account at the financial institution (the "BANK") INDICATED BELOW to my Checking Savings account (select one). I acknowledge to the responsibility of my employer and not that of a payroll process from my employer's account. If my employer does not make avail account I authorize the processor to debit my account to recover sometimited to the amount of the deposit. I also authorize my employer should not have been made for an amount not to exceed the original country.	W. Further, I authorize BANK to act the deposit of any amount is an act sor, if any, and is subject to the suable to the processor the funds the said advance. I agree to hold the per or, the processor, if any, to debi	dvance of funds on behalf of my employer accessful collection of the funds by the processful collection of the funds by the process were advanced to make the deposit into processor harmless from loss to indemnify the my account in the event of a credit which	
Employee Signature:			
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COMPLETE THE FOLLO	WING SECTIONS AS APPLIC	ABLE	
SECTION A - CHECKING ACCOUNT: A voided check or we use the correct bank routing numbers and account account. We cannot deposit funds into an account the	numbers. Please <i>DO NOT</i> sat does not have your name	end a <i>deposit slip</i> from a checking on it.	
Bank Name	City	State	
I wish to deposit \$	or% of e	entire Net Pay	
Bank Routing or Transit #:		(This must be 9 digits)	
Checking Bank Account #:			
SECTION B - SAVINGS ACCOUNT: A letter from your babank routing numbers and account numbers. Please <i>E</i>	• •		
Bank Name	City	State	
I wish to deposit \$	or% of e	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