

PAYROLL PROCESSORS®

Automated Payroll Services & HR Solutions

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

COMPANY NAME _____ COMPANY ID# _____

EMPLOYEE NAME _____ EMPLOYEE SS# _____

_____ New Request _____ Change Request

Checking account – please submit a copy of voided check.

Savings account – please submit a letter in writing from your bank with the routing/transit number and account number.

DO NOT submit deposit slips as the routing number may be wrong and will delay the receipt of your funds.

I hereby authorize my employer as noted above to initiate credit entries and to initiate if necessary, debit entries and adjustments for any credit entries in error to my (our) account or accounts listed below.

PAYROLL PROCESSORS WILL NOT BE HELD RESPONSIBLE for any non-sufficient funds charges, late fee charges, etc. that may arise from a direct deposit that does not post to an employee(s) account(s) on a specific date.

Type of Account: _____ Checking _____ Savings
Direct Deposit: _____ Entire Net Pay _____ Fixed amount per Check \$ _____

Bank Name: _____

Bank Routing/Transit #: _____ Account #: _____

Type of Account: _____ Checking _____ Savings
Direct Deposit: _____ Entire Net Pay _____ Fixed amount per Check \$ _____

Bank Name: _____

Bank Routing/Transit #: _____ Account #: _____

*****IT IS UP TO THE INDIVIDUAL EMPLOYEE TO VERIFY THAT FUNDS ARE IN HIS/HER ACCOUNT(S) PRIOR TO AUTHORIZING ANY DEBITS TO HIS/HER ACCOUNT(S) OR WRITING CHECKS ON ANY SAID ACCOUNT(S).

This authority is to remain in full force and effect until EMPLOYER has received written notification from me (or either of us) of its termination in such time and manner as to afford EMPLOYER a reasonable opportunity to act on it.

Date _____ Signature of Employee _____