



AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

COMPANY NAME _____ COMPANY ID# _____

EMPLOYEE NAME _____ EMPLOYEE SS# _____

New or Change Request? ___ New Request ___ Change Request

Please Read Carefully and Attach the Following

- **IF Checking Account – Please submit with a copy of a voided check.**
- **IF 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 _____