



EMPLOYEE DIRECT DEPOSIT AUTHORIZATION AGREEMENT [ACH CREDITS & DEBITS]

Input boxes for New Payroll Deposit, Change Deposit Information, and Revoke Authorization with Effective Date.

EMPLOYER _____

EMPLOYEE NAME _____

I hereby authorize my employer (the "COMPANY"), to deposit any amounts owed to 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 and/or savings accounts as follows:

CHECKING ACCOUNT: BANK NAME _____
I wish to deposit: [] Entire Net Pay, or [] \$_____.00, or [] _____%

ATTACH
VOIDED
CHECK
HERE:

A deposit slip cannot be used for this purpose.

SAVINGS ACCOUNT: BANK NAME _____

I wish to deposit: [] Entire Net Pay, or [] \$_____.00, or [] _____%

Call your bank to obtain the following routing / transit and account numbers:

BANK/ROUTING OR TRANSIT NUMBER: _____ (THIS MUST BE 9 DIGITS)

EMPLOYEE SAVINGS ACCOUNT NUMBER: _____

Further, I authorize COMPANY and payroll service provider to debit my account in the event of a credit, which should not have been made, or which was made for an incorrect amount, or for which the COMPANY did not timely or completely fund the credit for an amount not to exceed the original amount of the erroneous credit.

I agree that this authority is to remain in full force and effect until COMPANY and BANK have received written notification from me of its termination in such time in such manner as to afford COMPANY and BANK reasonable opportunity to act on it. I also acknowledge that I have retained a copy of this form.

EMPLOYEE SIGNATURE _____ DATE ____/____/____

Fax to Payroll Perfect: (801) 446-9889