

**EMPLOYEE DIRECT DEPOSIT AUTHORIZATION AGREEMENT
[ACH CREDITS & DEBITS]**

New Payroll Deposit; Change Deposit Information; Revoke Authorization; Date ____/____/____

NAME _____ SSN _____
EMPLOYER _____ 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 and 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.

Complete Sections 1, 2 or 3 as applicable

SECTION 1 - CHECKING ACCOUNT: Attach a Voided Check

BANK NAME _____ City _____ State _____
I wish to deposit \$ _____ .00 or _____ Entire Net Pay
TRANSIT/ABA NO. _____ ACCOUNT NO. _____

ATTACH VOIDED CHECK HERE

The numbers on the bottom of your voided check are used to make the electronic funds transfer directly to your account.

SECTION 2 - SAVINGS ACCOUNT: Call Your Bank To Obtain the Following Information:

BANK NAME _____ City _____ State _____
I wish to deposit \$ _____ .00 or _____ Entire Net Pay
SAVING BANK/ROUTING OR TRANSIT NUMBER _____ (THIS MUST BE 9 DIGITS)

EMPLOYEE SAVINGS ACCOUNT NUMBER: _____

SECTION 3- PAYCARD ACCOUNT ENROLLMENT INFORMATION

Date of Birth: ____/____/____ Employee ID: _____
Address 1: _____ Address 2: _____
City: _____ State: _____ Zip: _____
Home Phone: (____) _____ Work: (____) _____
E-mail Address: _____ Confirm E-mail Address: _____

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 a reasonable opportunity to act on it.

EMPLOYEE SIGNATURE _____ DATE _____

A COPY OF THIS AGREEMENT MUST BE GIVEN TO THE EMPLOYEE. NOTE: ALL WRITTEN DEBIT AND CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE EMPLOYEE MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION. 040105 Version

