



PAYROLL PROCESSING COMPANY

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

EMPLOYER NAME: _____

EMPLOYEE NAME: _____ EMPLOYEE ID #: _____

I HEREBY AUTHORIZE MY EMPLOYER TO INITIATE CREDIT ENTRIES AND TO INITIATE, IF NECESSARY, DEBIT ENTRIES AND ADJUSTMENTS FOR ANY CREDIT ENTRIES MADE IN ERROR TO MY ACCOUNT OR ACCOUNTS.

THIS AUTHORITY WILL REMAIN IN EFFECT UNTIL I GIVE WRITTEN NOTICE TO CANCEL IT.

DATE: _____

SIGNATURE: _____

NEW CHANGE ADD ON CANCEL

NAME OF BANK/CREDIT UNION

CHECKING _____ or SAVINGS _____

ROUTING / TRANSIT NUMBER

PERCENT % OF NET PAY: _____ %

ACCOUNT NUMBER

FIXED AMOUNT OF NET: \$ _____

NEW CHANGE ADD ON CANCEL

NAME OF BANK/CREDIT UNION

CHECKING _____ or SAVINGS _____

ROUTING / TRANSIT NUMBER

PERCENT % OF NET PAY: _____ %

ACCOUNT NUMBER

FIXED AMOUNT OF NET: \$ _____

ATTACH VOIDED CHECK HERE

DEPOSIT TICKETS ARE NOT ACCEPTABLE – THEY DO NOT CARRY THE ROUTING/TRANSIT NUMBERS.

IF YOU NEED HELP WITH DIRECT DEPOSIT INFORMATION PLEASE CONTACT YOUR FINANCIAL INSTITUTION FOR ASSISTANCE IN COMPLETING THIS FORM.

PLEASE MAKE SURE THE FORM IS COMPLETED ENTIRELY. FORMS THAT ARE NOT COMPLETED ENTIRELY WILL BE RETURNED TO THE EMPLOYER.