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Your Payroll Experts

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

Check one: ___ New Payroll Deposit ___ Change Deposit Information; ___ Revoke Authorization

EMPLOYER / COMPANY NAME _____ COMPANY # _____

EMPLOYEE NAME _____ SSN _____ - _____ - _____
(Please Print)

I hereby authorize my employer, _____, (the "COMPANY"), to initiate credit entries to my account(s) indicated below, and the depository named below, hereinafter called DEPOSITORY, to credit the same to such account(s). I authorize COMPANY to debit such account(s) in the event of a credit that should not have been made for an amount not to exceed the original amount of the erroneous credit.

Bank / Depository
Name _____ Branch _____

City _____ State _____ Zip _____

Bank Transit Routing / ABA Number _____ (Required)

• **ATTACH COPY OF VOIDED CHECK FOR EACH CHECKING ACCOUNT**

Checking Account Account Number _____
or
 Savings Account I wish to deposit my **Entire Net Pay** (balance of net pay after deductions)

Checking Account Account Number _____
or
 Savings Account I wish to deposit \$ _____ amount or _____ % of gross pay

The funds credited to my U. S. bank account, via ACH direct deposit, will not be forwarded in their entirety to an account outside of the territorial jurisdiction of the United States. *Separate form required* if all payroll funds are credited or forwarded to any foreign bank.

This authority is to remain in full force and effect until COMPANY and DEPOSITORY have received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY 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. THE COMPANY SHALL RETAIN THIS AUTHORIZATION OR A COPY THEREOF FOR A **PERIOD OF TWO (2) YEARS AFTER** TERMINATION OR REVOCATION OF SUCH AUTHORIZATION.