

**AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (CREDIT)**

COMPANY NAME \_\_\_\_\_

COMPANY ID# \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_

EMPLOYEE SS# \_\_\_\_\_

**Checking**      **PLEASE SUBMIT A COPY OF A VOIDED CHECK. DO NOT SUBMIT DEPOSIT SLIPS AS THE ROUTING NUMBER MAY BE WRONG AND WILL DELAY THE RECEIPT OF YOUR FUNDS.**

**Savings**      **PLEASE SUBMIT A LETTER IN WRITING FROM YOUR BANK WITH THE ROUTING/TRANSIT NUMBER AND SAVINGS 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. 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).

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	<b>TYPE OF ACCOUNT</b>
_____	_____ Checking      _____ Savings
<b>Name of bank, savings &amp; loan or credit union</b>	_____ Entire Check (Net Pay)
_____	_____ Percent of net pay amount _____ %
<b>Routing and Transit Number</b>	_____ Fixed amount    \$ _____
_____	
<b>Account Number</b>	

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<b>Routing and Transit Number</b>	_____ Fixed amount    \$ _____
_____	
<b>Account Number</b>	

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 \_\_\_\_\_

Date \_\_\_\_\_ Signature of Employee \_\_\_\_\_