

Employee Direct Deposit Authorization



Co#: _____ Company Name: _____

EMPLOYEE NUMBER: _____ EMPLOYEE NAME: _____ SOCIAL SECURITY NUMBER: _____

PRIORITY	ACTION	TODAY'S DATE	ACCOUNT TYPE	BANK NUMBERS	AMOUNT OR PERCENT	PAY PERIOD(S) OF THE MONTH
1	DSet-up Ochange 0Terminate		Ochecking DSavings	ROUTING NUMBER: _____	_____ .00	D 1st 02nd d <input checked="" type="radio"/> Every Pay Period
				ACCOUNT NUMBER: _____	0AMOUNT DPERCENT OF NET	
2	DSet-up Ochange 0Tenninate		<input checked="" type="radio"/> Checking O savings	ROUTING NUMBER: _____	_____ .00	D 1st D2nd 03rd 04th <input type="radio"/> Every Pay Period
				ACCOUNT NUMBER: _____	0AMOUNT DPERCENT OF NET	
3	DSet-up Ochange 0Terminate		Ochecking Osavings	ROUTING NUMBER: _____	_____ .00	D1st D2nd 03rd 04th <input checked="" type="radio"/> Every Pay Period
				ACCOUNT NUMBER: _____	0AMOUNT DPERCENT OF NET	
4	Dset-up DChange 0Terminate		Ochecking Osavings	ROUTING NUMBER: _____	_____ .00	D1st Dznd 03rd 04th <input type="radio"/> Every Pay Period
				ACCOUNT NUMBER: _____	0AMOUNT DPERCENT OF NET	
5	Oset-up OChange 0Terminate		DChecking Osavings	ROUTING NUMBER: _____	_____ .00	D 1st Oznd d <input checked="" type="radio"/> Every Pay Period 03rd
				ACCOUNT NUMBER: _____	0AMOUNT OPERCENT OF NET	
6	DSet-up Ochange 0Terminate		<input checked="" type="radio"/> Checking Osavings	ROUTING NUMBER: _____	_____ .00	D 1st Dznd 03rd 04th <input checked="" type="radio"/> Every Pay Period
				ACCOUNT NUMBER: _____	0AMOUNT OPERCENT OF NET	

I, hereby authorize the above named company to make deposits from time to time in the amount(s) at the Depository Financial Institution(s) (bank), identified above (by routing number) and authorize the bank to accept these deposits. Adjusting entries to correct errors is also authorized. It is agreed that these deposits and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. I further agree to hold harmless PAY SYSTEMS and my employer for any and all damages, incidental or consequential damages and monetary losses incurred by the execution of this authorization. This authorization will remain in effect until written notice of termination is given to the company. I acknowledge receipt of a filled-in copy of the authorization.

EMPLOYEE SIGNATURE: _____ IDATE: _____