



# 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	<input type="checkbox"/> Set-up <input type="checkbox"/> Change <input type="checkbox"/> Terminate		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	ROUTING NUMBER: ACCOUNT NUMBER:	_____ .00 <input type="checkbox"/> AMOUNT <input type="checkbox"/> PERCENT OF NET	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> Every Pay Period
2	<input type="checkbox"/> Set-up <input type="checkbox"/> Change <input type="checkbox"/> Terminate		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	ROUTING NUMBER: ACCOUNT NUMBER:	_____ .00 <input type="checkbox"/> AMOUNT <input type="checkbox"/> PERCENT OF NET	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> Every Pay Period
3	<input type="checkbox"/> Set-up <input type="checkbox"/> Change <input type="checkbox"/> Terminate		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	ROUTING NUMBER: ACCOUNT NUMBER:	_____ .00 <input type="checkbox"/> AMOUNT <input type="checkbox"/> PERCENT OF NET	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> Every Pay Period
4	<input type="checkbox"/> Set-up <input type="checkbox"/> Change <input type="checkbox"/> Terminate		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	ROUTING NUMBER: ACCOUNT NUMBER:	_____ .00 <input type="checkbox"/> AMOUNT <input type="checkbox"/> PERCENT OF NET	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> Every Pay Period
5	<input type="checkbox"/> Set-up <input type="checkbox"/> Change <input type="checkbox"/> Terminate		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	ROUTING NUMBER: ACCOUNT NUMBER:	_____ .00 <input type="checkbox"/> AMOUNT <input type="checkbox"/> PERCENT OF NET	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> Every Pay Period
6	<input type="checkbox"/> Set-up <input type="checkbox"/> Change <input type="checkbox"/> Terminate		<input type="checkbox"/> Checking <input type="checkbox"/> Savings	ROUTING NUMBER: ACCOUNT NUMBER:	_____ .00 <input type="checkbox"/> AMOUNT <input type="checkbox"/> PERCENT OF NET	<input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd <input type="checkbox"/> 4th <input type="checkbox"/> Every Pay Period

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:	DATE:
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