



Employee Direct Deposit Authorization

ATTN: _____

Employee Name:	Company Name:	Client Number:
Requested By:	Submission Date:	Client Fax:

Bank Account Information

Account Information: Please Check Account #'s to Ensure Accuracy

<input type="checkbox"/> Checking	Transit #:
<input type="checkbox"/> Savings	Account #:
<input type="checkbox"/> % Amount <input type="checkbox"/> \$ Amount	Note Amount:

Account Information: Please Check Account #'s to Ensure Accuracy

<input type="checkbox"/> Checking	Transit #:
<input type="checkbox"/> Savings	Account #:
<input type="checkbox"/> % Amount <input type="checkbox"/> \$ Amount	Note Amount:

Account Information: Please Check Account #'s to Ensure Accuracy

<input type="checkbox"/> Checking	Transit #:
<input type="checkbox"/> Savings	Account #:
<input type="checkbox"/> Net	Note: Entire Net Pay Balance will be Deposited to this Account

Please use this as reference for obtaining your correct account information.



Write void across check and attach here or as a separate page.

I, _____ hereby authorize _____ hereinafter called "company", to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account(s) indicated above and the depository named below, hereinafter called depository, to credit and/or debit the same to such account. This Authority is to remain in full force and effect until company has 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. I also acknowledge that direct deposit is not guaranteed and will take no less than 10 business days from my next check date to begin due to the ACH pre-note test file required.

Signed (employee) _____ Date _____

Signed (depositor) _____ Date _____

Date Entered:	By:
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