Complete Payroll Solutions

DIRECT DEPOSIT AUTHORIZATION Form

I authorize my employer or a payroll processor on my employer's behalf to deposit any amounts owed me by initiating credit entries to my account at the financial institution (the "BANK") indicated below. Further, I authorize BANK to accept and credit entries indicated by COMPANY to my [ ]Checking [ ]Savings account (select one). I acknowledge the deposit of any amount is an advance of funds on behalf of my employer and the responsibility of my employer and not that of a payroll processor, if any, and is subject to the successful collection of the funds by the processor from my employer's account. If my employer does not make available to the processor the funds that were advanced to make the deposit into my account I authorize the processor to debit my account to recover said advance. I agree to hold the processor harmless from loss and to indemnify it, limited to the amount of the deposit. I also authorize my employer or the processor, if any, to debit my account in the event of a credit which should not have been made for an amount not to exceed the original amount of the erroneous credit.

I authorize you and the financial institution listed below to deposit my pay automatically to my:

Checking account ☐ Deposit Net ☐ Deposit $ _____

Savings account ☐ Deposit Net ☐ Deposit $ _____

CLIENT INFORMATION

CLIENT NO. _____ CLIENT NAME _____

EMPLOYEE INFORMATION

NAME _____

ADDRESS _____ CITY _____ STATE _____ ZIP _____

EMPLOYEE EMAIL _____

DEPARTMENT NO. EMPLOYEE NO.

NAME _____

SOC. SEC. NO.

EMP. SIGNATURE _____ DATE _____ BANK NAME _____

CHECKING _____ TRANSIT NUMBER (9 DIGITS) _____ ACCOUNT NUMBER

SAVINGS _____ TRANSIT NUMBER (9 DIGITS) _____ ACCOUNT NUMBER

FOR OFFICE USE ONLY

Received _____/_____/_____ Entered _____/_____/_____ By_____