

# USA Payroll

## Employee Direct Deposit Authorization Agreement

Client Number: \_\_\_\_\_

Client Name: \_\_\_\_\_

I hereby authorize my employer, \_\_\_\_\_, (hereinafter COMPANY) to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter BANK) indicated below. Further, I authorize BANK to accept and to credit any credit entries indicated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.

Employee Information		Employee No.
Employee Name (please print):	Social Security Number:	
Begin Deposit:	Change Information:	Cancel:

Bank Information				
Bank Name:	City:	State:		
Checking (attach void check)	I wish to deposit (choose one)	\$ _____	_____ % Net/Gross	Entire Net Pay
Savings	I wish to deposit (choose one)	\$ _____	_____ % Net/Gross	Entire Net Pay
Other (C or S) (attach check)		\$ _____	_____ % Net/Gross	
Other (C or S) (attach check)		\$ _____	_____ % Net/Gross	

Please attach a voided check for checking accounts (deposit slips do not have the required information).

This authorization is to remain in full force and effect until COMPANY and BANK have received written notice from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

- Copies:
- USA Payroll
  - Employer Copy
  - Employee Copy