EMPLOYEE AUTHORIZATION AGREEMENT FOR PAYROLL DIRECT DEPOSIT

COMPANY NAME

EMPLOYEE NAME

I hereby authorize Payroll Systems to initiate automatic credit entries for my net pay and, if necessary, to make adjustments for any entries in error to my account. I understand and agree that it is my responsibility to verify that the funds have been deposited into my account, and that Payroll Systems will not be responsible for insufficient fund charges or bank fees. I further agree to immediately notify my employer in the event of an incorrect direct deposit to my account.

BANK NAME #1

ABA # | ACCOUNT #

AMOUNT	% OR $	ACCOUNT TYPE
	%	Savings

BANK NAME #2

ABA # | ACCOUNT #

AMOUNT	% OR $	ACCOUNT TYPE
	$	Checking

This authority is to remain in full force and effect until Payroll Systems has received written notification from me of its termination in such time and in such manner as to afford Payroll Systems and the Financial Institution a reasonable opportunity to act on it.

EMPLOYEE SIGNATURE | DATE

NOTE: PLEASE ATTACH A VOIDED CHECK FOR EACH ACCOUNT LISTED ABOVE.