

Employee Authorization For Direct Deposit

Company Name: _____

Employee Name: _____

I authorize Payroll Systems to:

- Deposit reimbursements into my bank account
- Remove reimbursements that were deposited into my bank account in error
- Remove reimbursements for any claims that were denied after being deposited into 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 Payroll Systems in the event of an incorrect deposit to my account. Note that a deposit slip should not be used for purposes of this authorization. The numbers appearing on a deposit slip may not be valid for reimbursement purposes.

Bank Name: _____

ABA #: _____ Account #: _____

Checking Savings

Please attach a voided check and fax the completed form to 925.464.7553.

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 a reasonable opportunity to act on it.

Employee Signature: _____ Date: _____

