



DIRECT DEPOSIT AUTHORIZATION AGREEMENT

***** DIRECT DEPOSIT MUST HAVE PRINTED VERIFICATION*****

Attach a voided check or a bank letter stating the bank routing number, your Account number and name. You must be on the account to deposit into it. DO NOT use a deposit slip. **If no verification is attached the direct deposit will not be set up.**

COMPANY NAME: _____

EMPLOYEE NAME: _____

I hereby authorize _____ (company name) through its agent, Payroll Express, to initiate electronic credit entries and, if necessary, debit entries to reverse erroneous credit entries to my account(s). It is agreed that these deposits will be made in accordance with the rules of the National Automated Clearing House Association (NACHA).

Bank Name: _____	
Routing Number: _____	
Account Number: _____	
Choose only one account type	Amount to Deposit in Account:
<input type="radio"/> Checking	____ Full amount of Check
<input type="radio"/> Savings	\$____ Special Amount
	% ____ Special Percentage
<i>***If depositing into more than one account complete a second form.***</i>	

The authority shall remain in full force and effect until Payroll Express has received written notification from me of its termination in such time and in such a manner as to afford Payroll Express and the bank a reasonable opportunity to act upon the termination request.

Signature _____ **Date** _____