

# EMPLOYEE AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

EMPLOYER: \_\_\_\_\_ Co. # \_\_\_\_\_

I hereby request and authorize my EMPLOYER (named above) to make payment of any amounts owing to me by initiating credit entries to my bank account(s) specified below, and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account(s) listed below, and I also request and authorize my BANK(s) or FINANCIAL INSTITUTION(s) to accept any credit (or debit) entries initiated by my EMPLOYER to such account(s) and to credit (or debit) the same to such account(s) without responsibility for the correctness thereof.

I also authorize my EMPLOYER to effect repayment to my EMPLOYER for any amounts owed to it because of any prior erroneous credit initiated to my account(s) if prior to the initiation of the correcting entry. In such event, my EMPLOYER is to deliver to me written notice of the corrective entry and the reason therefore; and the correcting entry is to be transmitted in such time as to be delivered or made available to my FINANCIAL INSTITUTION(s) by the tenth day following settlement for the erroneous entry.

It is understood that this Agreement may be terminated by me at any time by my giving written notification to the Payroll Department of my EMPLOYER. Any such notification of termination of this Direct Deposit Authorization to my EMPLOYER shall be effective only with respect to entries initiated by my EMPLOYER after such receipt of notification to my EMPLOYER, who shall have a reasonable period of time to act upon it.

I recognize, acknowledge and accept that this Direct Deposit Service is being provided by my EMPLOYER at no cost to me and as a convenience to me. As such, I agree to hold my EMPLOYER, its Payroll Processing company (Payroll Central, Inc.), each participating FINANCIAL INSTITUTION, and NACHA harmless from any claim incident to the operation of this Direct Deposit Service arising from any act or omission by my EMPLOYER and PAYROLL CENTRAL, INC., including, without limitation, any claim based on alleged loss as a result of non-credit of any deposit, and any claim which may be made by me as a result of the rejection of any debits because of insufficient funds arising from the failure to credit deposits to my account.

## ATTACH A VOIDED CHECK OR DEPOSIT SLIP TO THIS AGREEMENT FOR EACH ACCOUNT.

FINANCIAL INSTITUTION NAME      ABA/TRANSIT NO.\*      ACCOUNT NO.      ACCOUNT TYPE  
1. \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_ Checking  
Location; \_\_\_\_\_      \_\_\_\_\_ Savings  
DEPOSIT OPTIONS:(A) \_\_\_\_\_ Deposit **Entire** Net Pay Amount  
(B) \_\_\_\_\_ Deposit \$ \_\_\_\_\_ of Net Pay Each Pay Period  
(C) \_\_\_\_\_ Deposit \_\_\_\_\_ % of Net Pay Each Pay Period  
(D) \_\_\_\_\_ Cancel the Above Direct Deposit Authorization

FINANCIAL INSTITUTION NAME      ABA/TRANSIT NO.\*      ACCOUNT NO.      ACCOUNT TYPE  
2. \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_      \_\_\_\_\_ Checking  
Location; \_\_\_\_\_      \_\_\_\_\_ Savings  
DEPOSIT OPTIONS:(B) \_\_\_\_\_ Deposit \$ \_\_\_\_\_ of Net Pay Each Pay Period  
(C) \_\_\_\_\_ Deposit \_\_\_\_\_ % of Net Pay Each Pay Period  
(D) \_\_\_\_\_ Cancel the Above Direct Deposit Authorization

This Authorization is to remain in full force until EMPLOYER has received written notification from me (or either of us) of its termination in such time/manner as to afford EMPLOYER and FINANCIAL INSTITUTION a reasonable opportunity to act upon it.

EMPLOYEE NAME: \_\_\_\_\_ EMPLOYEE ID # \_\_\_\_\_

Date: \_\_\_\_\_ EMPLOYEE SIGNATURE: \_\_\_\_\_

Date: \_\_\_\_\_ JOINT SIGNATURE: \_\_\_\_\_

\* The ABA/Transit No. is the nine-digit number that appears at the bottom of the check or deposit slip.