

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

Employer Name: _____

Employee Name _____ Social Security # (last four digits) _____

IMPORTANT! Please read and sign before completing and submitting.

I (we) authorize, recognize, acknowledge, and accept this service is being provided for my (our) convenience. As such, I (we) agree to hold the, Payroll\$, Inc., each participating bank and NACHA harmless from any claim incident to the operation of this plan, arising from any act or omission by, Payroll\$, Inc., and their employees, each participating bank and their employees, 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 any depositor as a result of the rejection of any of his debits because of insufficient funds arising from the failure to credit deposits to his/her account.

I (we) authorize and request, Payroll\$, Inc., to deposit/make payment of any amounts owed me (either of us) by initiating electronic credit entries to my account at the financial instruction (hereinafter "BANK") indicated on this form. If necessary, debit entries and adjustments for any credit entries which were incompletely funded by my employer or for any credit entries otherwise in error to my (our) account indicated in the bank named below, and I (we) authorize and request BANK to accept any credit entries and, if necessary, debit entries and adjustments for any credit entries initiated by, Payroll\$, Inc., to such account and to credit the same to such account without responsibility for the correctness thereof. This authorization is to remain in full force and effect until, Payroll\$, Inc., has received written notice from me of its termination in such time and in such manner as to afford, Payroll\$, Inc., reasonable opportunity to act on it.

NEW DEPOSIT OPTION I

Deposit 100% Net Pay Routing #: _____ Checking Savings
Account #: _____

NEW DEPOSIT OPTION II

Deposit \$ _____ of Net Pay Routing #: _____ Checking Savings
Account #: _____
\$ _____ Routing #: _____ Checking Savings
Account #: _____
\$ _____ Routing #: _____ Checking Savings
Account #: _____
deposit balance into Routing #: _____ Checking Savings
Account #: _____

To change existing direct deposit complete a new form with all accounts added include voided checks for all accounts. New forms replace prior setup.

DELETE DELETE DIRECT DEPOSIT Effective Date: _____

Attach a voided check for each checking account-not a deposit slip. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same number on a savings deposit slip. This will help ensure a correct and timely deposit.
Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.

Employee/Worker Signature Date

Joint Account Owner Signature Date

Employee/Worker retain a copy of this form for your records. Return the original to your employer/company.
Employer/Company fax form with voided check to 217-228-0971. Email link https://payrollinc.myfileguardian.com/PostOffice/Main.aspx
For clients using on-line services, please retain a copy of this document for your records.

Employers must keep original employee enrollment form on file as-long-as the employee is using DD and for two years thereafter.