



## Direct Deposit Employee Authorization

Company Name: \_\_\_\_\_ Company No. \_\_\_\_\_

Employee Name: \_\_\_\_\_ Employee No. \_\_\_\_\_

I authorize DirectPay, or its agent, and the financial institution(s) listed below to deposit my pay automatically to the indicated account(s) and to make adjusting entries including removal of funds if the employer does not make them available. I hereby agree that I will not have DirectPay or my employer deposit any of my funds to either a foreign bank or to a U.S. bank and then have the entire amount forwarded to a bank account in another country.

Bank Name	Checking/ Savings	Amt. or %	Routing Number	Account Number

Please check one:

New or Additional Account

Change the Bank Account for Existing Direct Deposit

**Please attach a voided check for the Direct Deposit bank account as verification for each request.**

Deposits are normally available two (2) banking days after payroll is processed. It is my responsibility to verify deposits on a per pay period basis before writing checks against these funds. This Authorization can take up to three (3) pay periods to activate. I understand that neither my employer or DirectPay Payroll Services is responsible for bank errors or bank fees. I may cancel these Direct Deposit(s) at any time. Banking services are provided in accordance with the limitations and restrictions of the National Automated Clearing House Association.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date