

Employee Authorization Agreement for Direct Deposit

Company Name: _____ ID# _____

I (we) hereby authorize and request the COMPANY, to make payment of any amounts owing to me (either of us) by initiating credit entries to my (our) account indicated below in the bank named below, hereinafter called BANK, and I (we) authorize and request BANK to accept any credit entries initiated by company to such account and to credit the same to such account without responsibility for the corrections thereof.

I (we) also authorize and request COMPANY to effect repayment to COMPANY for amounts owed it because of a prior erroneous credit initiated to my (our) account if prior to the initiation of the correcting entry, the COMPANY has sent or delivered to me written notice of the correction and the reason therefore; and, the correcting entry is transmitted is such time as to be delivered or made available to BANK before midnight of the tenth day next following settlement for the erroneous entry.

It is understood that this agreement may be terminated by me (either of us) at any time by written notification to COMPANY or BANK. Any such notification to COMPANY shall be effective only with respect to entries initiated by COMPANY after receipt of such notification and a reasonable opportunity to act on it.

I (we) recognize, acknowledge and accept that this service is being provided for my (our) convenience. As such, r (we) agree to hold the COMPANY PayproCorp. each participating bank and NACHA harmless from any claim incident to the operation of this plan, arising from any act or omission by the COMPANY and/or PayproCorp. 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.

Attach Voided Check Or Some Proof Of Account Number And Transit Routing Number. Do Not Use Deposit Slips!

1. Find these symbols on your check and line them up with the boxes below
2. Then simply copy all the numbers to the right of the first symbol. Leaving a blank box where there is a space. Translate any symbols that appear into the letters C or D below, Have this available when speaking to our sales representative.

I	:																								I	:																						
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Please note: Any numbers to the left of the numbers within the symbols are not needed for processing your order, but be sure to specify consecutive numbering desired.

Account Type:

Checking: Savings:

Deposit Options (Select only I):

Cancel Direct Deposit _____ or Deposit Entire Net Pay Amount _____ or Deposit \$ _____ of Net Pay each pay period. or Deposit _____ % of Net Pay each pay period.

Employee Name: _____ Employee Signature: _____ Date: _____

Co-Owners Name: _____ Co-Owners Signature: _____ Date: _____