



EMPLOYEE DIRECT DEPOSIT AUTHORIZATION AGREEMENT

New Enrollment Change Enrollment Add Additional Account Cancel Enrollment

Effective Date _____ Employee Name _____

I hereby authorize my employer, _____ (the COMPANY), to Deposit any amounts owed me by initiating credit entries to my account at the financial institution (the BANK) indicated below. Further, I authorize the BANK to accept and credit entries indicated by the COMPANY to my checking and/or savings accounts as follows:

Bank Name: _____

Routing # (9 digits) _____ Account #: _____

Account Type (check one):

Checking Account Savings Account HSA Account Paycard

I wish to deposit: Entire Net Pay or \$ _____ or _____ %

Voided check must be attached OR Financial Institution Authorization Statement must be signed by bank official.

I hereby acknowledge that the above employee has an account with our financial institution and the above account information is accurate.

Financial Institution Official Signature

Financial Institution Official Title

Financial Institution Official Printed Name

Date

Further, I authorize COMPANY and payroll service provider to debit my account in the event of a credit, which should not have been made, or which was made for an incorrect amount, for an amount not to exceed the original amount of the erroneous credit.

I agree that this authority is the remain in full force and effect until COMPANY and BANK have received written notification from me of its termination in such time in such manner as to afford COMPANY and BANK reasonable opportunity to act on it. I also acknowledge that I have retained a copy of this form.

Employee Signature: _____ DATE: _____

Employee Email Address: _____

Fax to AccuPay APS Payroll Service..... 573-644-6969 or 636-532-4090