

THE PAYROLL SOLUTION

Serving businesses with excellence since 1991

EMPLOYEE AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSITS

Employer Name: _____

Employee Name: _____

I hereby authorize The Payroll Solution, the COMPANY to initiate credit entries and, to initiate if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated below and the depository named below, the DEPOSITORY, to credit and/or debit the same to such account.

Bank Account #1:	Bank Account #2:
Account #:	Account #:
Transit/ABA#:	Transit/ABA#:
Type: (Circle) Checking/Savings	Type: (Circle) Checking/Savings
Amount: \$ % Amount	Amount: \$ % Amount
Flat \$<input type="checkbox"/>, % of Net<input type="checkbox"/>, or All of Net<input type="checkbox"/>	Flat \$<input type="checkbox"/>, % of Net<input type="checkbox"/>, or All of Net<input type="checkbox"/>
Bank Account #3:	Bank Account #4:
Account #:	Account #:
Transit/ABA#:	Transit/ABA#:
Type: (Circle) Checking/Savings	Type: (Circle) Checking/Savings
Amount: \$ % Amount	Amount: \$ % Amount
Flat \$<input type="checkbox"/>, % of Net<input type="checkbox"/>, or All of Net<input type="checkbox"/>	Flat \$<input type="checkbox"/>, % of Net<input type="checkbox"/>, or All of Net<input type="checkbox"/>

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to COMPANY and DEPOSITORY has reasonable opportunity and time to act on it.

Employee Signature:	Date:
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Please attach a copy of a voided check for deposits to checking accounts. Please contact your bank for transit/ABA numbers to use for direct deposit purposes. Thank you. Completed