

The undersigned hereby authorizes _____ (the Company) and/or Payroll 1, Inc. to make deposits in the account(s) identified below and authorizes the Bank to accept such deposits. It is agreed that these deposits, and single entry reversals when required, may be made electronically and under the rules of the National Automated Clearing House Association (NACHA). This authorization will remain in effect until written notice of termination or request for change is given to the Company and Payroll 1, Inc.

NOTE: You may have up to eight (8) direct deposit allocations.

CHECKING ACCOUNT(S) * *For full net pay, indicate 100%*

Add <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>	Account Number	Routing & Transit	Amount	(or)	%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	or	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	or	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	or	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	or	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	or	_____

SAVINGS ACCOUNT(S) ** *For full net pay, indicate 100%*

Add <input type="checkbox"/>	Change <input type="checkbox"/>	Delete <input type="checkbox"/>	Account Number	Routing & Transit	Amount	(or)	%
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	or	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	or	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	or	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	or	_____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____	_____	or	_____

NOTE: In cases where the employee is not available to sign this form authorizing Payroll 1 to make changes or deletions to their direct deposit information, the client may sign on their behalf. The employee **MUST** sign this form when adding a new direct deposit account.

Check this box if the final destination of any of the accounts listed above are to a financial institution outside the territorial jurisdiction of the United States of America.

Name: _____

Address: _____

I understand it is my responsibility to verify that my account has been credited with the correct deposit amount before conducting any withdrawals or writing any checks against same.

Signature

Date

* For checking accounts, attach a voided check or a bank spec sheet. Please call your bank to obtain a spec sheet.

** For savings accounts, attach a bank spec sheet. Please call your bank to obtain a spec sheet.