

## AUTHORIZATION FOR AUTOMATIC DEPOSIT

The undersigned hereby authorizes \_\_\_\_\_ (the Company) and/or Payroll 1, Inc. to make deposits from time to time 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 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% net.

Account Number	Routing & Transit Number	Amount	(or)	%
_____	_____	_____	(or)	_____
_____	_____	_____	(or)	_____
_____	_____	_____	(or)	_____
_____	_____	_____	(or)	_____

### SAVINGS ACCOUNT(S)\*\*

For full net pay, indicate 100% net.

Account Number	Routing & Transit Number	Amount	(or)	%
_____	_____	_____	(or)	_____
_____	_____	_____	(or)	_____
_____	_____	_____	(or)	_____
_____	_____	_____	(or)	_____

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.

\*\* For savings accounts, attach a bank letter (on bank letterhead) verifying the following:  
account number, routing & transit number and, name of account owner.