

EMPLOYEE AUTHORIZATION FOR DIRECT DEPOSIT

Employer Name: -

IMPORTANT:

Deposit slips ARE NOT acceptable documents for Direct Deposit.

| EMPLOYEE ATTACH VOIDED CHECK HERE | | | |
|--|--------------|------------------------|----------|
| Bank Routing # | | Account # | |
| Bank Name(pay after taxes have been subtracted.) | Deposit Net | | Pay |
| \Box CHECKING \Box SAVINGS | Or Deposit I | Dollar Amount or Perce | entage % |

FOR ADDITIONAL DEPOSIT ACCOUNTS, PLEASE ATTACH A SEPARATE AUTHORIZATION.

I hereby authorize my employer to deposit any amounts owed to me by initiating credit entries, through Simple Accounting, to my account(s) at my financial institution(s) indicated by my voided check, and banking information above. Further, I authorize my institution to accept credit entries sent on behalf of my employer to my account(s). I also authorize my employer and Simple Accounting to debit my account for any monies deposited in error. I understand it is my responsibility to verify the availability of my funds prior to creating checks or withdrawals against them. I understand that Simple Accounting is depositing my wages / salary for my convenience and that these deposits may be an advance of funds on behalf of my employer and are subject to funds being made available by my employer to Simple Accounting. If my employer does not have the funds immediately available to Simple Accounting, I authorize Simple Accounting to debit my account to recover the advance or any other funds deposited in error. I agree to hold Simple Accounting harmless from loss and agree to indemnify them.

PAPERLESS OPTION - In lieu of a paper check, please email a copy of my check stub and check (Adobe Reader Required). The file will be password protected with a system generated password that, it will be your first four digits of your last name and first four digits of your social security.

| Email: | Employee Printed Name: | |
|--------------------------------|------------------------|--|
| Employee Signature: | Date: / / | |
| Authorizing Officer Signature: | Company Name: | |

Please fax signed and completed form to SIMPLE ACCOUNTING

801-409-1310