

AUTHORIZATION FOR ELECTRONIC DEPOSIT SERVICE

EMPLOYEE NAME: _____ SS-#: _____

_____ Initial Authorization	_____ Deposit Entire Check or
_____ Change of Financial Institution	_____ Dollar Amount To Deposit or
_____ Change of Account Number	_____ Percentage To Deposit
_____ Additional Bank Choice	

Name of Financial Institution _____	Phone: _____
Mailing Address _____	
City _____	State _____ Zip Code _____
_____ Checking Account	Routing #: _____ Account #: _____
_____ Savings Account	

I authorize _____, hereafter referred to as Employer, to deposit my periodic pay into my account identified as and held at the Financial Institution named above, and I authorize that such account exists and that the financial institution can make deposits without responsibility for correctness of such amounts.

My authorization will remain in effect until I give a written notice to terminate this agreement by providing my Employer in sufficient time and manner as to allow my Employer to act upon it. In addition, either my Employer, or the financial institution can terminate this agreement by providing me with their written notice at least 10 days prior to actual termination.

I also authorize Payroll Express, Inc. to debit my account if an amount of money was transferred to my account by mistake.

I have provided my Employer with a copy of a voided check solely for the purposes of verifying my account number and the Financial Institution's routing number.

EMPLOYEE SIGNATURE _____ DATE _____

****** A VOIDED CHECK MUST BE ATTACHED HERE ******

****** FOR SAVINGS ACCOUNTS ONLY - ATTACH DEPOSIT SLIP HERE ******