PAYMASTER PAYROLL SERVICES

Employee Direct Deposit

Complete for Direct Deposit

I would like my wages/salary deposited to the bank account attached. (Circle One)

Checking

Bank Name_____

(Attach only a void check, bank letter, or specification sheet. Deposited tickets not accepted.)

Savings

Bank Name_____

(Attach only a void check, bank Letter, or specification sheet. Deposit tickets not accepted.)

EMPLOYEE— REQUIRED INFORMATION

Please Print

Employee Name

_____

Social Security No. _ __ / ___ / ___

Employer

Name_____

I hereby authorize my employer, (Consumer) _____ (Consumer) (hereinafter **COMPANY**), to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter **BANK**) indicated above. Further, I authorize **BANK** to accept and to credit any credit entries indicated by **COMPANY** to my account. In the event that **COMPANY** deposits funds erroneously into my account, I authorize **COMPANY** to debit my account for an amount not to exceed the original amount of the erroneous credit.

For my convenience, I request that PAYMASTER PAYROLL SERVICES directly deposit my wages/salary earned from my employer, into my bank account. I understand that deposit of my earnings into my account by PAYMASTER may be an advance of funds on behalf of my employer, which is subject to the successful collection of these funds by PAYMASTER from my employer's bank. If, within 30 days of PAYMASTER making the deposit into my account, my employer does not make available to PAYMASTER the funds that were advanced to make the deposit into my account, I authorize PAYMASTER to charge my account to recover said advance. I agree to hold PAYMASTER harmless from loss and to indemnify it, limited to the amount of deposit.

This authorization is to remain in full force and effect until **COMPANY** and **BANK** have received written notice from me of its termination in such time and in such manner as to afford **COMPANY** and **BANK** a reasonable opportunity to act on it.

Employee Signature _____ **Date** —/—/—

Return this original form to your employer