USA Payroll, Inc

Client No. _____

Employee No._____

Employee Direct Deposit Authorization Agreement

I hereby authorize my employer,_____,(hereinafter COMPANY) to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter Bank) indicated below. Further, I authorize Bank to accept and to credit my 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.

Employee Information

Employee Name (please print)_____ Social Security No._____-_____-_____

_____Begin Deposit _____Change Information _____Cancel

Bank Name_____ City _____State _____

_____Checking (attach void check	I wish to Deposit (check one)	___ $ _____.00	___ _____% Net	____ Entire Net Pay
_____Savings (attach deposit slip)	I wish to Deposit (check one)	___ $ _____.00	___ _____% Net	____ Entire Net Pay
_____Other (C or S) (attach check or deposit slip)		___ $ _____.00	___ ____% Net	
_____Other (C or S) (attach check or deposit slip)		___ $ _____.00	___ ____% Net	

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_____/_____/_____

(OPTIONAL) Email address to send paystub to, if you do not want paper copy:_____

Attach VOIDED CHECK Here