

Payrolls Unlimited

Direct Deposit Authorization Agreement

Company Name: _____

Employee Name _____ SS# _____

You may deposit your check into multiple Accounts

Please complete the following for each account your check will be deposited into.

(1st) Direct Deposit To the following Account:			
Type of Account: (Circle only one)	Checking	or	Savings
Bank Name:	_____		
Account # _____	% of Net _____	(or)	
Routing # _____	Fixed Amount _____		

(2nd) Direct Deposit To the following Account:			
Type of Account: (Circle only one)	Checking	or	Savings
Bank Name:	_____		
Account # _____	% of Net _____	(or)	
Routing # _____	Fixed Amount _____		

(3rd) Direct Deposit To the following Account:			
Type of Account: (Circle only one)	Checking	or	Savings
Bank Name:	_____		
Account # _____	% of Net _____	(or)	
Routing # _____	Fixed Amount _____		

I hereby authorize the above stated company to initiate direct deposits (credits) and corrections (debit) to the accounts listed above. This authorization will remain in effect until you receive written notification from me at least 5 days prior to the next pay date.

Employee Signature _____ Date _____

Please Attach A Voided Check for Each Account. Allow 2 Weeks for Processing