



DIRECT DEPOSIT EMPLOYEE AUTHORIZATION FORM

Company Name:	
Employee Name:	Social Security Number:

I hereby authorize Time & Payroll, as well as the financial institution(s) listed below, to initiate credit or adjustment entries (including both credit and debit, as needed for corrections) to the account(s) specified below.

Bank Name w/ Routing Number	Account Type	Amount	Account Number
	<input type="checkbox"/> Ck <input type="checkbox"/> Sav		
	<input type="checkbox"/> Ck <input type="checkbox"/> Sav		
	<input type="checkbox"/> CK <input type="checkbox"/> Sav		

**ATTACHED A BLANK VOIDED CHECK OR
A DIRECT DEPOSIT CONFIRMATION LETTER FROM YOUR BANK.**
DO NOT USE A DEPOSIT SLIP.

I understand the following:

- I must attach a blank voided check or a Direct Deposit Confirmation Letter from my bank before receiving funds through ACH. I understand that I will received a check until confirmation is submitted.
- I must submit a new authorization form & bank confirmation if I close or change my account (including changes to the account name, branch, etc.). Failure to do so may result in a delay in deposits.
- It is my responsibility to monitor any debits or credits made to my account(s), including the dates and amounts of these transactions.
- It is my responsibility to verify deposits for each pay period before writing checks against these funds. Neither my employer nor Time & Payroll are responsible for any bank errors or fees.

This authorization replaces any prior authorizations I have made and will remain in effect until modified or canceled by submitting a new Direct Deposit Authorization.

SIGNATURE **DATE**