

**DIRECT DEPOSIT OF PAYROLL
AUTHORIZATION AGREEMENT**

Company Name	Company Tax ID Number
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I hereby authorize _____ to deposit into my bank account indicated below, any amount owed to me by _____.

Indicate type of account (check one) _____ checking _____ savings

Bank or Savings Association Name :	Address :	
Routing No.	City	Zip
Account No.	Bank Contact	Phone

AUTHORIZATION FOR RECOVERY OF FUNDS DEPOSITED IN ERROR

I hereby authorize _____ to debit my bank account, upon notice to me, in order to recover any money which I was not entitled to receive and had been deposited into my account in error or mistake. This means of recovery shall not prevent _____ from utilizing any other lawful means to retrieve the overpayment, to which I was never entitled. This authorization remains in full force and effect until _____ has received written notice by me of its termination and in such time and manner as to afford _____ a reasonable opportunity to act upon it.

Employee Name Print Name :	Joint Account Name Print Name:
Signature :	Date :

Staple your VOIDED CHECK or MICR specification sheet here

Submit a voided check for processing and verification.

Signature _____