



DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name: _____ Date: _____

Company Name: _____ SSN: _____

	Account #1	Account #2
Bank Name		
Transit/ABA #		
Checking or Savings?		
Account Number		
\$ Amount or Net Pay?		

I hereby authorize the company, BizChecks Payroll, and the financial institution listed above to directly deposit my wages into the accounts listed on this agreement. I agree to review my payroll statement immediately each pay period and notify my employer of any incorrect payments. I understand that direct deposit is contingent each pay period on the timely receipt of payroll hours and the funding of the payroll by my employer. I understand that each bank posts funds to at different times and that my employer and BizChecks Payroll have no control over the timing of the deposit.

I furthermore, authorize my employer, BizChecks, and the financial institution to make adjusting entries as required. If funds are not available at the time of the correcting entry, I authorize my employer to advance the overpayment from future paychecks. I understand that it is my responsibility to verify that all deposits have been posted before attempting to use these funds. I understand and agree that neither my employer nor BizChecks Payroll is responsible for bank errors or fees.

This authority is to remain in full force and effect until written notification is received by BizChecks Payroll of its termination in such time and in such manner as to afford BizChecks Payroll and the bank a reasonable opportunity to act on it.

Name: _____

Signature: _____

Date: _____

Please attach a voided check or letter from your bank for verification