

EMPLOYEE AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Please print legibly - It's your payroll check!!

1.

Employee Name _____

Social Security No. _____

1 Enter your name and Social Security Number.

2 Complete direct deposit information for up to 4 accounts, representing your entire net check.

3 Sign and return to your employer. Keep a copy for your records.

I would like my net payroll directly deposited to the following bank account(s):

This authorization supersedes all previous authorizations.

2.

BANK ACCOUNT #1

Checking Savings

Add Change Delete

Account Number _____

Bank Name _____

Bank ABA# _____

I wish to deposit (check one):

Entire Net Pay

% of Net _____%

Specific Dollar Amount \$ _____ .00

Please attach one of the following (check one):

Voided check

Bank letter or specification sheet

BANK ACCOUNT #2

Checking Savings

Add Change Delete

Account Number _____

Bank Name _____

Bank ABA# _____

I wish to deposit (check one):

Balance of Net Pay after previous elections

% of Net _____%

Specific Dollar Amount \$ _____ .00

Please attach one of the following (check one):

Voided check

Bank letter or specification sheet

BANK ACCOUNT #3

Checking Savings

Add Change Delete

Account Number _____

Bank Name _____

Bank ABA# _____

I wish to deposit (check one):

Balance of Net Pay after previous elections

% of Net _____%

Specific Dollar Amount \$ _____ .00

Please attach one of the following (check one):

Voided check

Bank letter or specification sheet

BANK ACCOUNT #4

Checking Savings

Add Change Delete

Account Number _____

Bank Name _____

Bank ABA# _____

I wish to deposit (check one):

Balance of Net Pay after previous elections

% of Net _____%

Specific Dollar Amount \$ _____ .00

Please attach one of the following (check one):

Voided check

Bank letter or specification sheet

3.

EMPLOYEE AUTHORIZATION

I authorize my employer to deposit funds representing my net pay each payday directly into the above account, and to initiate (if necessary) adjustments for any credit made in error to my account. This authority will remain in effect until I have given written notice to my employer to terminate this service.

Employee Signature _____

Date _____

Return this form and attachments to your employer

EMPLOYER AUTHORIZATION

I / We authorize Rand Payroll Services to initiate debit and credit electronic transactions as necessary to pay this employee, all related taxes and all related fees.

Company _____

Employer Authorization _____

Date _____

Submit this form and attachments before the next payroll