●●●● direct deposit authorization

Please fax completed form to 317.885.7591

EMPLOYER NAME _____

EMPLOYEE NAME _____

> I hereby authorize AccuPay to initiate credit entries or debit adjustments to the checking and/or savings account(s) indicated below and the financial institution(s) named to credit the same account(s).

EMPLOYEE'S BANK NAME #1_____

Account Type: *(Enter dollar amount, percentage, or circle "Balance of Check"):*
❑ Checking
❑ Savings $_____   _____%   Balance of Check

City_____ State _____ Zip_____

Routing Number_____ Account Number _____

EMPLOYEE'S BANK NAME #2 _____

Account Type: *(Enter dollar amount, percentage, or circle "Balance of Check"):*
❑ Checking
❑ Savings $_____   _____%   Balance of Check

City_____ State _____ Zip_____

Routing Number_____ Account Number _____

*This authorization is to remain in full force and effect until **AccuPay** has received notification from me of its termination in such time and in such manner as to afford **AccuPay** and the Depository a reasonable opportunity to act on it. Furthermore, I understand that if the above information is inaccurate and/or the above named account(s) are closed without proper notification to **AccuPay**, my employer may hold me responsible for a $15 fee for each rejected direct deposit. I understand that I am responsible for notifying **AccuPay** of any changes to the above information (such as routing number) as soon as the information becomes available to me.*

EMPLOYEE NAME: _____ SSN: _____ - _____ - _____

SIGNED: _____ DATE: _____

NOTE: If any incidents of insufficient funds exist in the Employer's bank account, AccuPay will not guarantee deposits to the employees' accounts. Any penalties assessed as a result of insufficient funds shall remain the sole responsibility of the Employer. Employee understands that AccuPay provides direct deposit transfer services only.

IF CHECKING ACCOUNT(S) ATTACH VOIDED CHECK(S) TO THIS SHEET

AccuPay
Your Professional Payroll People