



# direct deposit authorization

Please fax completed form to 317.885.7591 or email to payroll@accupay.com

EMPLOYER NAME \_\_\_\_\_

EMPLOYEE NAME \_\_\_\_\_

EMPLOYEE EMAIL \_\_\_\_\_

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**

