

Office /Client Number AL-01/_____

Federal ID Number _____

Company Name _____

Executive Payroll Solutions

Employee Direct Deposit Form

Complete this form to initiate direct deposit into your checking and/or savings account(s). All bank accounts must be ACH approved and your name must appear as authorized signature. You may assign your net check, a specific dollar amount or a percentage of your payroll to be transferred to specific accounts on check date. This form should be used to set up new direct deposit accounts or make changes to existing accounts.

Employee Information

PLEASE CHECK ONE: [] NEW PAYROLL ACCOUNT [] CHANGE DEPOSIT INFORMATION [] REVOKE AUTHORIZATION

Employee Name _____

Social Security Number _____ - _____ - _____

Account Information

Bank Account #1

Entire Net Pay

Account Number:

Account Type:

Checking Savings

Bank Account #2

% of Net Pay _____

Specific Dollar Amount \$ _____

Account Number:

Account Type:

Checking Savings

Bank Account #3

% of Net Pay _____

Specific Dollar Amount \$ _____

Account Number:

Account Type:

Checking Savings

Attachments

Attach a one or more of the following for each account listed above:

A Voided Check

Bank Specification Sheet

A Bank Letter on Bank Letterhead

DEPOSIT SLIPS ARE NOT ACCEPTABLE FORMS OF ACCOUNT VERIFICATION

I authorize my employer or a payroll processor on my employer's behalf to deposit any amounts owed to me by initiating credit entries to my account at the financial institution as indicated. Further, I authorize my bank to accept and credit entries indicated by the employer to my account. I acknowledge the deposit of any amount is an advance of funds on behalf of my employer, and the responsibility of my employer, and not that of the payroll processor. If my employer does not make available to the processor the funds that were advanced to make the deposit into my account, I authorize the processor to debit my account to recover said advance. I agree to hold the processor harmless from loss and to indemnify it, limited to the amount of the deposit. I also authorize my employer or the processor, if any, to debit my account in the event of a credit which should not have been made for an amount not to exceed the original amount of the erroneous credit. This authority is to remain in full force and effect until employer and payroll processor have received written notification from me of its termination, in such time in such manner as to afford the employer and the payroll processor a reasonable opportunity to act on it.

Employee Signature _____
(Required)

Date _____