

**Direct Deposit
Employee Authorization**

The PAYROLL FACTORY

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 Phone: 610/644-4569 Fax: 610/647-1364
www.payroll-factory.com

Employee Information

Employee Name _____
 SSN ____ / ____ / _____
 I wish to deposit (check one):

Entire Net Pay

____% of Net

Flat Dollar Amount \$_____.00

I am setting up this account for:

Initial Authorization

Change of Financial Institution

Change of Account Number

Additional Account Number

Financial Institution Information

Bank Name _____
 Mailing Address _____
 City _____ State ____ Zip _____
 Phone Number (____) _____ - _____
 Bank Account Type Checking Savings
 Bank Account Number: _____
 Routing Number: _____

***Please attach voided check below

Please Use Separate Forms For Each Bank Account

I authorize, (insert Company Name)_____ and/or The Payroll Factory hereafter referred to as Employer, to deposit my periodic pay into my account identified as and held at the Financial Institution named above, and I authorize that such account exists and the financial institution can make deposits without responsibility for correctness of such amounts.

My authorization will remain in effect until I give written notice to terminate this agreement by providing my Employer in sufficient time and manner as to allow my employer to act upon it. In addition, either my Employer or the financial institution can terminate this agreement by providing me with their written notice at least 10 days prior to actual termination.

I also authorize my Employer to debit my account if any amount of money was transferred to my account by mistake.

I have provided my Employer with a copy of a voided check solely for the purposes of verifying my account number and the Financial Institution's routing number.

Employee Signature _____ Date _____

*****Voided check must be attached here**
 (for savings account ONLY please attach deposit slip)

