

## Employee Direct Deposit Authorization Agreement

(A Voided Check must be provided or PayPros takes no responsibility for erroneous debits or credits.)

I authorize my employer, \_\_\_\_\_, (hereinafter referred to as "Company") and its payroll processor, PayPros, Inc., to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter "Bank") indicated below. Further, I authorize Bank to accept and to credit any credit entries indicated by Company or PayPros, Inc. to my account. In the event that Company or PayPros, Inc. deposits funds erroneously into my account, I authorize Company or PayPros, Inc. to debit my account for an amount not to exceed the original amount of the erroneous credit.

Employee Name \_\_\_\_\_ Social Security Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Initial Sign Up  Change  Cancel

Credits/debits will show up as Alliance.

Bank Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

<input type="checkbox"/> Checking	I would like to deposit	<input type="checkbox"/> Entire Net Pay	<input type="checkbox"/> ___% of Net	<input type="checkbox"/> \$ _____
<input type="checkbox"/> Savings	I would like to deposit	<input type="checkbox"/> Entire Net Pay	<input type="checkbox"/> ___% of Net	<input type="checkbox"/> \$ _____

Bank Routing & Transit Number (9 digits) \_\_\_\_\_ Employee Account Number \_\_\_\_\_

This authorization is to remain in full force and effect until Company and Bank have received written notice from me of its termination in such manner as to afford Company and Bank a reasonable opportunity to act on it. PayPros, Inc. reserves the right to suspend direct deposit at any time at their own discretion.

Employee Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

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