

# Custom Payroll Associates, Inc.

## Employee Direct Deposit Authorization

I hereby authorize my employer \_\_\_\_\_(hereinafter "COMPANY") and its payroll processor, Custom Payroll Associates, Inc. (hereinafter "Payroll Processing"), 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 Payroll Processing to my account. In the event that COMPANY or Payroll Processing deposit funds erroneously into my account, I authorize COMPANY or Payroll Processing to debit my account for an amount not to exceed the original amount of the erroneous credit.

Begin Deposit       Change Information       Cancel

Employee Name: \_\_\_\_\_ SSN: \_\_\_\_\_

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

Checking – *Attach voided check.*

I wish to deposit (Check One):

\$ \_\_\_\_\_ .00       \_\_\_\_\_ % Net       Entire Net Pay

Savings – Acct # \_\_\_\_\_ Routing # \_\_\_\_\_

I wish to deposit (Check One):

\$ \_\_\_\_\_ .00       \_\_\_\_\_ % Net       Entire Net Pay

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.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Attach Voided  
Check Here