

Employee Direct Deposit Authorization Agreement

Employee Name: _____ Employee ID: _____
Company Name: _____ COID: _____ CSR Name: _____

I hereby authorize and request Complete Payroll Processing, Inc. hereinafter called Complete Payroll, to make payment of any amounts owing to me by initiating credit entries to my account indicated below in the bank named below, hereinafter called BANK, and I authorize and request BANK to accept any credit entries initiated by Complete Payroll to such account and to credit the same to such account without responsibility for the correctness thereof.

I authorize and request Complete Payroll to effect repayment to Complete Payroll for amounts owed it because of a prior erroneous credit initiated to my account.

I further understand that funds will be posted to my account on or before my check date and that I will not draw funds against my account until I have confirmed that expected funds are available in my account.

It is understood that this agreement may be terminated by me at any time by written notification to Complete Payroll or BANK. Any such notification to Complete Payroll shall be effective only with respect to entries initiated by Complete Payroll after receipt of such notification and a reasonable opportunity to act on it. Any such notification to BANK shall be effective only with respect to entries credited to my account by BANK after receipt of such notification and a reasonable time to act on it.

I recognize, acknowledge and accept this service is being provided for my convenience. As such, I agree to hold Complete Payroll, their agents, each participating bank and NACHA harmless from any claim incident to the operation of this plan, arising from any act or omission by Complete Payroll, their agents and their employees, including without limitation any claim based on alleged loss as a result of non-credit of any deposit, and any claim which may be made by any depositor as a result of the rejection of any of his/her debits because of insufficient funds arising from the failure to credit deposits to his/her account.

ATTACH **VOIDED CHECK OR BANK LETTER** AS PROOF OF
ACCOUNT NUMBER AND ROUTING TRANSIT NUMBER

In the absence of a voided check or bank letter, I attest that the information below is accurate and reliable.

Routing #: _____ Account #: _____

Account Type: (Select Only One)

- ☐ Checking
- ☐ Savings
- ☐ (HSA) Single Checking
- ☐ (HSA) Family Checking

For virtual delivery of pay stubs with Net Direct Deposit:

Email Address: _____

Employee Signature: _____

Deposit Options: (Select Only One)

- ☐ Deposit ENTIRE Net Pay Amount
- ☐ Deposit \$ _____ of Net Pay Each Pay Period
- ☐ Deposit _____ % of Net Pay Each Pay Period
- ☐ Cancel Direct Deposit

Password to open pay stub: _____

Date: _____

PLEASE COMPLETE ONE FORM FOR EACH DEPOSIT REQUEST