



Authorization for Direct Deposit - Employee Form

I authorize PAYROLL PROFESSIONALS INC to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. **This authorization will remain in effect until I cancel it in writing and in such time as to afford PAYROLL PROFESSIONALS, INC a reasonable opportunity to act on it.**

Account #1

Account #1 Type (check one): Checking Savings

Employee Bank Name

Bank Routing # (ABA#)

Account Number

\$

Dollar Amount to be Deposited in this Account

OR

Entire Paycheck

Balance of pay to: Manual (Paper Check)

OR

Account #2

Account #2 Type (check one): Checking Savings

Employee Bank Name

Bank Routing # (ABA#)

Account Number

Please attach a voided check for each account here.

Employee Printed Name

Employee Signature

Date

Employee: Please fill out and return to your employer.

Employer: Please return to Payroll Professionals Inc.