



Strong medicine for payroll headaches

DIRECT DEPOSIT Employee Authorization

Company Name: _____

Employee Name: Last Name: _____ First Name: _____ MI: _____

- I authorize you and the financial institutions(s) listed below to deposit my pay automatically to the indicated account(s) and to make adjusting entries as may be required.

Bank/Credit Union	Type Checking / Savings	Amount/ Percentage	Account Number	Routing Number

PLEASE ATTACH A VOIDED CHECK FOR THE DIRECT DEPOSIT BANK ACCOUNT AS VERIFICATION FOR EACH REQUEST

It is my responsibility to verify deposits on a per pay period basis before writing checks against these funds. This Authorization can take up to 3 pay periods to activate. I understand that neither my employer nor Payroll RX, LLC are responsible for bank errors or fees. I may cancel my Direct Deposit(s) at any time by providing **written** notice to my employer and Payroll Rx.

_____/_____/_____
Employee Signature