



Strong medicine for payroll and HR headaches

Direct Deposit Authorization Form

Please complete all fields below, review the authorization statement, and sign and date the form.

Client & Employee Information

Client Name

Employee Name

Employee Address

City, State, ZIP

Bank Account Information

Bank Name

Bank Routing Number

Bank Account Number

Account Type

☐

Checking Account

☐

Savings Account

Authorization

I hereby authorize Payroll Rx, on behalf of the Client named above, to initiate direct deposit credit entries to the checking or savings account identified above at the financial institution named above (the "Bank"), for the net amount of my pay each pay period. This authorization is to remain in full force and effect until Payroll Rx and the Client have received written notification from me of its termination, in such time and in such manner as to afford Payroll Rx and the Client a reasonable opportunity to act on it.

I further authorize Payroll Rx and the Bank to initiate, and the Bank to accept, debit entries to the account identified above for the sole purpose of correcting any erroneous or duplicate credit entries made to my account in error, and to initiate a credit entry to correct any such error, up to but not exceeding the amount of the original erroneous entry.

I understand that it is my responsibility to verify that the account and routing information provided above is accurate, and I release Payroll Rx and the Client from liability for any loss or delay resulting from incorrect information supplied by me.

Employee Signature

Date