



## Direct Deposit Employee Authorization

Client number: \_\_\_\_\_

Company Name: \_\_\_\_\_

Employee name	Employee number
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I authorize the above-named Employer, Time+Plus Payroll Services and the financial institution(s) listed below to deposit my pay automatically to the indicated account(s) and to make adjusting entries as may be required.

Institution Name	Routing Number	State	Account type (circle one)	Account Number	Amount or percent (circle one)
			Checking Savings		\$ %
			Checking Savings		\$ %
			Checking Savings		\$ %

Please check one:

<input type="checkbox"/>	New direct deposit
<input type="checkbox"/>	Change of financial institution (above selections will replace information on file)
<input type="checkbox"/>	Change of amounts in existing direct deposit (above selections will replace all amounts)
<input type="checkbox"/>	Other (please explain)

A voided check must be attached  
For each account as verification

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 three pay periods to activate. I understand that neither my employer or Time Plus Payroll is responsible for bank errors or fees. I may cancel this Direct Deposit(s) at any time.

Employee Signature	Today's date
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