

## Direct Deposit Authorization Form

Company Code \_\_\_\_\_ Company Name \_\_\_\_\_

Employee ID \_\_\_\_\_ Employee Name \_\_\_\_\_

**Methods of Payment:** As a New York State employer, we can pay your wages in cash or check. This does not require your approval. We may also pay your wages by direct deposit or payroll debit card. These forms of payment require you to approve. If you do not approve, we will pay you in cash or check. If you would like to receive your wages by direct deposit to a financial institution of your choice, please read and sign below.

**Direct Deposit Consent:** On this day I have been notified of my options of payment methods. I give consent to the above listed employer to pay my wages through Direct Deposit to a financial institution that I have selected. I authorize my employer as noted above, Payroll Dynamics, Inc, National Payment Corporation and all financial institution(s) involved in each transaction to deposit my pay automatically to the indicated account(s) and to make adjusting entries including the removal of funds if the employer does not make them available, in which case, I waive any rights I may have to return debit entries to my account and I personally guaranty the return of the funds in question.

**Direct Deposit Information**

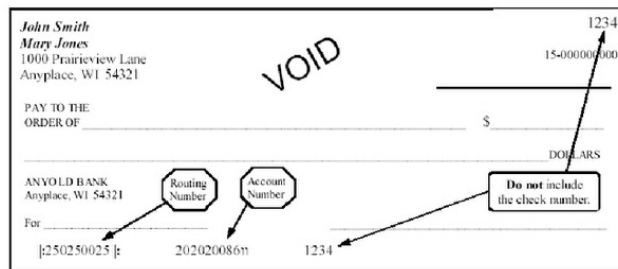
	Routing ABA	Bank Account #	Checking/Savings			
1	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	Entire Net	<input type="checkbox"/> \$ / % _____
2	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	Entire Net	<input type="checkbox"/> \$ / % _____
3	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input type="checkbox"/>	Entire Net	<input type="checkbox"/> \$ / % _____

**This Direct Deposit Information is**

New

Replacing Existing Account Number # \_\_\_\_\_

**PLEASE ATTACH VOID CHECK or BANK SPECIFICATION SHEET**



Signature

Print Name

Date