

**Employer Payroll Solutions
Direct Deposit Authorization Form**

I elect to participate in the direct deposit program authorizing Employer Payroll Solutions to automatically deposit my payroll check into my checking or savings account.

ACCOUNT #1

Account #1 type (check one): Checking Savings

Employee Bank Name

Bank Routing # (ABA#)

Account #

Percentage or Dollar Amount to be Deposited to This Account

ACCOUNT #2

Account #2 type (check one): Checking Savings

Employee Bank Name

Bank Routing # (ABA#)

Account #

Please attach a voided check for each account here.

This authorization will be in effect until Employer Payroll Solutions receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature

Printed Name

Employer's Name

Date