

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

Employee Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

SS#: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

One Account per Authorization

Please circle account type:    Checking    Savings

Please deposit \_\_\_\_\_ % or \$ \_\_\_\_\_ into my account each pay period.

ABA Routing # \_\_\_\_\_

Account # \_\_\_\_\_

It is my responsibility to verify deposits on a per pay period basis before writing checks or authorizing automatic pulls against these funds. I understand that neither my employer or One Small Payroll Company, Inc. is responsible for banking errors and / or bank fees. Direct Deposit Authorization: "I authorize my employer and it's agents, including financial institutions to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries made in error to my account. This authorization will remain in effect until I have cancelled it in writing." I also understand that deposits can only be made to an account with my name on it. One Small Payroll Company cannot deposit to a third party.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

For checking accounts please attach a check, a good copy of a check or a bank authorization form.

For Savings accounts, please provide a bank authorization form or a copy of a deposit slip.