

DIRECT DEPOSIT AUTHORIZATION

for One Small Payroll Company, Inc. on behalf of:

Compay Name: _____

EMPLOYEE NAME: _____

ADDRESS: _____

CITY, STATE, ZIP: _____

SS# _____ DATE OF BIRTH: _____

EMAIL ADDRESS _____

PHONE #: HOME _____ CELL: _____

ONE ACCOUNT PER AUTHORIZATION PLEASE

ACCOUNT # 1 2 3

PLEASE CIRCLE ACCOUNT TYPE: CHECKING SAVINGS

PLEASE DEPOSIT _____% OR \$ _____ PER PAY PERIOD

ABA ROUTING # _____

ACCOUNT # _____

I understand it is my responsibility to provide accurate and legible information for the direct deposit to be able to be processed. I also understand it is my responsibility to verify deposits on a per pay period basis prior to writing checks, debiting for purchases or authorizing automatic pulls against these funds. I understand that neither One Small Payroll Company or my employer is responsible for banking errors and / or banking fees. I authorize my employer and it's agents 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.

EMPLOYEE SIGNATURE: _____

DATE: _____

WE CAN NOT DEPOSIT INTO THIRD PARTY ACCOUNTS – EACH DEPOSIT MUST HAVE DEPOSITORS NAME AND SOCIAL LISTED ON THE ACCOUNT.

For checking accounts please attach a voided 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 member id card