



DIRECT DEPOSIT AUTHORIZATION AGREEMENT

COMPANY NAME: _____

EMPLOYEE NAME: _____

I hereby authorize _____ (company name) through its agent, Payroll Express, to initiate electronic credit entries and, if necessary, debit entries to reverse erroneous credit entries to my account(s). It is agreed that these deposits will be made in accordance with the rules of the National Automated Clearing House Association (NACHA).

<u>Routing #</u>	<u>Account #</u>	<u>Amount</u>	<u>Ck or Sv Acct</u>
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FOR FULL NET, INDICATE 100%

The authority shall remain in full force and effect until Payroll Express has received written notification from me of its termination in such time and in such a manner as to afford Payroll Express and the bank a reasonable opportunity to act upon the termination request.

**A VOIDED CHECK MUST BE ATTACHED
FOR ALL CHECKING ACCOUNTS**

Signature _____

Date _____