

AFFORDABLE PAYROLL

EMPLOYEE AUTHORIZATION FOR DIRECT DEPOSIT

COMPANY NAME _____

I hereby authorize my employer to deposit any amounts owed to me by initiating credit entries, through Affordable Payroll, Inc., to my account at my financial institution indicated by my voided check below. Further, I authorize my institution to accept credit entries sent on behalf of my employer to my account. I also authorize my employer and Affordable Payroll, Inc., to debit my account for any monies deposited in error. I understand it is my responsibility to verify the availability of my funds prior to creating checks or withdrawals against them. I understand that Affordable Payroll, Inc., is depositing my wages / salary for my convenience and that these deposits may be in advance of funds on behalf of my employer and are subject to funds being made available by my employer to Affordable Payroll, Inc. If my employer does not have the funds immediately available to Affordable Payroll, Inc., I authorize Affordable Payroll, Inc. to debit my account to recover the advance. I agree to hold Affordable Payroll, Inc., harmless from loss and agree to indemnify them. **MISCELLANEOUS PROVISIONS: The laws of the State of California shall govern this agreement. The County of Contra Costa in the State of California is hereby designated as venue/jurisdiction for any action or proceeding arising out of or in any connection with this agreement.**

SPECIFY AMOUNT DEPOSITED TO YOUR ACCOUNT

\$ _____ (Checking or Savings)

EMPLOYEE SIGNATURE

DATE

PRINT NAME CLEARLY: _____

PLEASE ATTACH A VOIDED CHECK
USE SEPARATE SHEET FOR MULTIPLE ACCOUNTS
Deposit slips ARE NOT acceptable

ATTACH VOIDED CHECK HERE

FOR SAVINGS ACCOUNT:
PLEASE ATTACH A BANK SPECIFICATION SHEET

For additional deposit accounts, please attach a separate authorization

Employee # _____ AUTHORIZING OFFICER: _____

PLEASE FAX TO: (866) 876-6565

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