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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| I-, Employee Direct Deposit Authorization  •AAYSYSTEMS.N ET Co#: Company Name:  lia l 1' C i 1 ,;,..:, ' | | | | | | | | | |
| EMPLOYEE NUMBER: | | | | EMPLOYEE NAME: | | **SOCIAL SECURITY NUMBER:** | | | |
| PRIORITY | ACTION | . | TODAY'S DATE | ACCOUNT TYPE | BANK NUMBERS | AMOUNT OR PERCENT | | PAY PERIOD(S) OF THE MONTH | |
| 1 | DSet-up Ochange 0Terminate | |  | Ochecking DSavings | ROUTING NUMBER:  ACCOUNT NUMBER: | .00 | | D 1st 02nd 03rd 04th | DEvery Pay Period · |
| 0AMOUNT DPERCENT OF NET | |
| 2 | DSet-up Ochange 0Tenninate | | ' | DChecking  O savings | ROUTING NUMBER:  ACCOUNT NUMBER: | .00 | | D 1st D2nd 03rd 04th | OEvery Pay Period |
| 0AMOUNT DPERCENT OF NET | |
| 3 | DSet-up Ochange 0Terminate | |  | Ochecking  O savings | ROUTING NUMBER:  ACCOUNT NUMBER: | .00 | | D1st D2nd 03rd 04th | DEvery Pay Period |
| 0AMOUNT DPERCENT OF NET | |
| 4 | Dset-up DChange 0Terminate | |  | Ochecking Osavings | ROUTING NUMBER:  ACCOUNT NUMB,ER: | .00 | | D1st Dznd 03rd 04th | O Every Pay Period |
| 0AMOUNT DPERCENT OF NET | |
| 5 | Oset-up 0Change 0Terminate | |  | DChecking Osavings | ROUTING NUMBER:  ACCOUNT NUMBER: | .00 | | D 1st Oznd 03rd 04th | DEvery Pay Period |
| 0AMOUNT  O PERCENT OF NET | |
| 6 | DSet-up Ochange 0Terminate | |  | | ROUTING NUMBER:  ACCOUNT NUMBER: |  | .00 | D 1st Dznd 03rd 04th | DEvery Pay Period |
|  | DChecking  Osavings |
| 0AMOUNT  O PERCENT OF NET | |
| I, hereby authorize the above named company to make deposits from time to time in the amount(s) at the Depository Financial lnstitution(s) (bank), identified above (by routing number) and authorize the bank to accept these deposits. Adjusting entries to correct errors is also authorized. It is agreed that these deposits and adjustments may be made electronically and under the Rules of the National Automated Clearing House Association. I further agree to hold harmless PAY SYSTEMS and my employer for any and all damages, incidental or consequential damages and monetary losses incurred by the execution of | | | | | | | | | |
| this authorization. This authorization will remain in effect until written notice of termination is given to the company. I acknowledge receipt of a filled-in copy  of the authorization. | | | | | | | | | |
| EMPLOYEE SIGNATURE: | |  |  |  | |  | IDATE: |  |  |

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