

Employer's Automatic Debit Agreement Form for Direct Deposit

**Authorization Agreement**

I hereby authorize **Payroll Processing LLC** to initiate automatic debits to my account at the financial institution named below. I also authorize **Payroll Processing LLC** to make deposits to this account in the event that a debit entry is made in error.

I understand that the funds for my company's payroll will be debited from my company's account at least two days prior to the date of my company's payroll. I hereby agree to have those funds available in my bank account at least two days prior to my payroll date.

Further, if I do not have enough money in my account to cover the transfer or if my Financial Institution for any other reason refuses to honor a transfer I will be electronically debited an additional fee of **\$50.00** as a returned item fee in accordance with the terms of my agreement. I also acknowledge that if the funds are not available in my account to cover the direct deposit of my company's payroll; **Payroll Processing LLC** will make one attempt to reverse the transaction and recover the funds from my employee's bank accounts. My company will be responsible for all fees associated with all attempts to recover these funds. In the event that **Payroll Processing LLC** is not able to recover these funds from my employees, I will provide **Payroll Processing LLC** with a certified bank check within 1 (one) business day to cover those funds. I also acknowledge that my company will be responsible for all bank and legal fees associated with the attempt to recover the direct deposit funds in question.

I also understand that my company and my employees are responsible to provide accurate information to Payroll Processing LLC for their direct deposit processing. I acknowledge that if incorrect or inaccurate bank account numbers are given by my employees to **Payroll Processing LLC**, that **Payroll Processing LLC** is not responsible for funds deposited in error into this accounts. I understand **Payroll Processing LLC** will make one attempt to reverse the transaction and recover the funds from the incorrect bank accounts. My company will be responsible for all fees associated with all attempts to recover these funds.

This agreement will remain in effect until **Payroll Processing LLC** receives a written notice of cancellation from me allowing **5 days** to process my request, or until my account has a zero balance with **Payroll Processing LLC**.

**Payment Information**

[x] I authorize Payroll Processing to debit my account two days prior to the date I wish to have the payroll deposited into my employee's accounts.

[x] I authorize Payroll Processing to debit my account for the amount of my employee's direct deposit. I understand that Payroll Processing will provide a report listing amount of my company's direct deposit with my payroll. This is the amount I agree to have debited from my company's bank account.

**Account Information**

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking

Savings

**Signature**

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Company name : \_\_\_\_\_

