Payroll Processing, LLC

Employee Direct Deposit Form

This form is to be used for employees new to the Direct Deposit program. This form may also be used for employees changing the account(s) to which their paycheck is deposited.

Employee Instructions:

- 1. Complete the employee required information section.
- 2. Complete the Direct deposit information section .
- 3. Sign the authorization section.
- 4. Attach a copy of a voided check from the bank account (or bank specification sheet) you will be using for direct deposit.
- 5. Return the form to your employer:

Employer Instructions:

1. Complete the following section

Company Name	
Company Contact Name Company phone number	-
This is [] New direct deposit request [] Change to existing direct deposit request	

2. Fax this form to our office at: (716)668-5298

or mail it to our office at :

Payroll Processing, Inc. 4804 Transit Rd Depew, NY 14043

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Employee Information

Employee name
Social Security Number
Company name
If this form is submitted to make a change to an existing Direct deposit account, please indicate if the new account is to replace an existing account or to be used in addition to the existing account.
I would like my wages deposited to the following bank account(s):
Bank Account #1 [] Checking [] Savings
□ New □ Change □ Stop
Bank Name
Bank account number
Bank routing number I wish to deposit (check one) [] Entire net pay []% of net pay [] Specific dollar amount \$
Bank Account #2 [] Checking [] Savings
□ New □ Change □ Stop
Bank Name
Bank account number
Bank routing number I wish to deposit (check one) [] Entire net pay []% of net pay [] Specific dollar amount \$

Attach a copy of a voided check from the bank account you will be using for direct deposit (deposit slips are not acceptable). If you do not have a voided check, please ask your bank to provide you with a bank specification sheet indicating your bank account number, routing number and account type (checking or savings).

Authorization For Direct Deposit

I wish to have my employer deposit my net pay and/or a fixed amount(s) each payday directly to my account(s) indicated. I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed. I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment. I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take, my employer can not issue the funds to me until the funds are returned to my employer by my financial institution.

I also acknowledge that I have read and understand the following rules about direct deposit.

- 1. It may take up to one pay cycle for a new direct deposit account to be added to my account.
- 2. I will not close my account(s) without giving my employer two week's prior notice.
- 3. At any time I can request that my direct deposit authorization be cancelled by submitting a written request to my employer.
- 4. When there is a bank and/or federal holiday, I understand that the depositing of my payroll check may be delayed by one day.
- 5. I understand that funds deposited into a credit union or small savings and loans bank may take longer to post into my account.
- 6. I will verify that my direct deposit has been posted to my account, before I authorize any electronic debits from my account or write any checks against my account. I understand that my employer and Payroll Processing LLC will not be liable to reimburse me for any insufficient fund bank fees I incur if I write checks or make a debit from my account without verifying that the funds are present and available.

X	
Employee Signature	Date

Employee's name _____