



Employee Name: _____ EE# _____

Company Name: _____ CO # _____ CSR Name: _____

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION AGREEMENT

(Please Complete One Form for Each Deposit Request)

I hereby authorize and request Complete Payroll Processing, Inc. hereinafter called CPP, to make payment of any amounts owing to me by initiating credit entries to my account indicated below in the bank named below, hereinafter called BANK, and I authorize and request BANK to accept any credit entries initiated by CPP to such account and to credit the same to such account without responsibility for the correctness thereof.

I authorize and request CPP to effect repayment to CPP for amounts owed it because of a prior erroneous credit initiated to my account.

I further understand that funds will be posted to my account no earlier than check date and that I will not draw funds against my account until I have confirmed that expected funds have been posted to my account.

It is understood that this agreement may be terminated by me at any time by written notification to CPP or BANK. Any such notification to CPP shall be effective only with respect to entries initiated by CPP after receipt of such notification and a reasonable opportunity to act on it. Any such notification to BANK shall be effective only with respect to entries credited to my account by BANK after receipt of such notification and a reasonable time to act on it.

I recognize, acknowledge and accept this service is being provided for my convenience. As such, I agree to hold CPP, their agents, each participating bank and NACHA harmless from any claim incident to the operation of this plan, arising from any act or omission by CPP, their agents and their employees, including without limitation any claim based on alleged loss as a result of non-credit of any deposit, and any claim which may be made by any depositor as a result of the rejection of any of his/her debits because of insufficient funds arising from the failure to credit deposits to his/her account.

ATTACH VOIDED CHECK OR BANK LETTER AS PROOF OF ACCOUNT NUMBER AND ROUTING TRANSIT NUMBER

In the absence of a voided check or bank letter, I attest that the information below is accurate and reliable.

Routing #: _____ Account #: _____

Account Type: (Select Only One)

_____ Checking

_____ Savings

_____ Checking (HSA) Single

_____ Checking (HSA) Family

Deposit Options: (Select Only One)

_____ Deposit ENTIRE Net Pay Amount

_____ Deposit \$ _____ of Net Pay Each Pay Period

_____ Deposit _____% of Net Pay Each Pay Period

_____ Cancel Direct Deposit

For virtual delivery of pay stubs with Net Direct Deposit:

Email address: _____ Password to open pay stub: _____

Employee Signature: _____ Date: _____

(Please Complete One Form for Each Deposit Request)