



Direct Deposit Authorization

Employer Section

Please fill in this portion and submit the completed form to your Client Relations Specialist for enrollment.

Company Number: _____

Company Name: _____

Employee Verification - Read and sign

I hereby authorize Complete Payroll Solutions (CPS) to deposit any funds due to me as instructed by my employer by initiating credit entries to my account(s) at the financial institution (bank) indicated on this form. I also authorize the bank to accept and credit my accounts as presented by CPS to my authorized accounts. In the event that CPS deposits erroneously into my account, I authorize CPS to debit my account for an amount not to exceed the original erroneous credit. This authorization is to remain in full force and effect until CPS and the bank have received written notice from me of its termination in such a time and manner as to afford CPS and the bank reasonable opportunity to act on it.

Employee Name _____

SS# _____ - _____ - _____

Employee Address _____

DOB ____ / ____ / ____

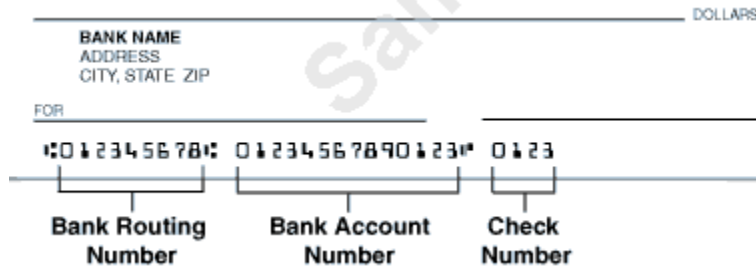
street

City State ZIP

Email _____

To enroll in the Direct Deposit service, please fill out this form completely and submit to your payroll manager. Attach a voided check (not a deposit slip) for all checking accounts. For deposits to a savings account, request the proper routing/transit number from your bank as it may be different than what is on your deposit slip.

Below is an example check displaying where the necessary information to complete this form can be found



Bank Name _____ Routing/Transit # _____ Account Number _____ Deposit Net Deposit \$ _____ C one: Checking Savings Other _____	Bank Name _____ Routing/Transit # _____ Account Number _____ Deposit Net Deposit \$ _____ C one: Checking Savings Other _____
Bank Name _____ Routing/Transit # _____ Account Number _____ Deposit Net Deposit \$ _____ C one: Checking Savings Other _____	Bank Name _____ Routing/Transit # _____ Account Number _____ Deposit Net Deposit \$ _____ C one: Checking Savings Other _____

Amount Change Add Account(s) Replace Account(s) Remove Account(s)

Employee Signature _____

Date ____ / ____ / ____

FOR OFFICE USE ONLY

Received ____ / ____ / ____ Entered ____ / ____ / ____ By _____