



Direct Deposit Authorization Agreement

_____ Begin Direct Deposit _____ Change Information _____ Cancel Deposits

Client #: _____ Employer: _____

Employee Name _____

Checking/Savings (circle one)

Name of Bank: _____

Transit Routing Number: _____

Account Number: _____

_____ Net Check _____ Flat Dollar Amount _____ Percentage

Checking/Savings (circle one)

Name of Bank: _____

Transit Routing Number: _____

Account Number: _____

_____ Net Check _____ Flat Dollar Amount _____ Percentage

Checking/Savings (circle one)

Name of Bank: _____

Transit Routing Number: _____

Account Number: _____

_____ Net Check _____ Flat Dollar Amount _____ Percentage

I authorize to initiate credits (and corrections to previous credits) to the financial institution(s) designated above. This authorization will remain in effect until I give written notice either to change or terminate this authorization.

Employee's Signature: _____ Date: _____

Please forward this completed form to customerservice@paytechpayroll.com or by fax 559-299-9181

To Be Completed By PAYTECH PAYROLL SYSTEMS, INC.

Date Received ___/___/___ Date Entered on Payroll ___/___/___ Effective Date ___/___/___

Entered by: _____ Checked by: _____