



Direct Deposit Authorization Form

Work-Site Employer: _____ Telephone No.: _____

Employee Name: _____

I hereby authorize Pay-Tech, Inc. to deposit my pay directly into the bank account(s) listed below. I have attached a voided check for my checking account and/or deposit slip for my savings account so bank transit and account numbers can be verified.

Upon notification, I authorize Pay-Tech to correct any erroneous payment or overpayment to my account(s) by withdrawing funds in the amount of the excess payment.

This authorization remains in effect until Pay-Tech, Inc. has received written authorization from me of its termination or change.

Employee Signature: _____ Date: _____

Note: You can put a set amount or the whole check to a specific account. For every account setup on direct deposit a voided check is a must to process.

Financial Institution/Account Number(s):

Account 1. _____ Checking Savings Amount Deposited: _____ Routing Number: _____

Account 2. _____ Checking Savings Amount Deposited: _____ Routing Number: _____

Account 3. _____ Checking Savings Amount Deposited: _____ Routing Number: _____

Account 4. _____ Checking Savings Amount Deposited: _____ Routing Number: _____

Note: In case of direct deposits to joint accounts that both account holders sign checks or authorize payments, other account holder must indicate his/her agreement with the above term and the employee's direct deposit authorization by signing below.

Name of Joint Account Holder: _____

Signature of Joint Account Holder: _____

Date: _____

ATTACH VOIDED CHECK (s) HERE:

VOIDED CHECK(s)