

**Payroll Sample Client
Employee Direct Deposit Authorization**

Authorization Agreement

I, Terry J Eddington, hereby authorize Payroll Sample Client to initiate automatic deposits to my account at the financial institution named below. I also authorize Payroll Sample Client to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Payroll Sample Client responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Payroll Sample Client receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

Account 1 Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking | Savings

Allocation Amount/Percent: _____

Account 2 Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking | Savings

Allocation Amount/Percent: _____

Authorization

Signature (Primary): _____

Printed Name: _____

Date: _____

Signature (Secondary): _____

Printed Name: _____

Date: _____

Please attach a voided check or deposit slip and return this form to Payroll Sample Client

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I, Sarah W Harmon, hereby authorize Payroll Sample Client to initiate automatic deposits to my account at the financial institution named below. I also authorize Payroll Sample Client to make withdrawals from this account in the event that a credit entry is made in error.

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Account 1 Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking | Savings

Allocation Amount/Percent: _____

Account 2 Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking | Savings

Allocation Amount/Percent: _____

Authorization

Signature (Primary): _____

Printed Name: _____

Date: _____

Signature (Secondary): _____

Printed Name: _____

Date: _____

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I, Dennis B Cooper, hereby authorize Payroll Sample Client to initiate automatic deposits to my account at the financial institution named below. I also authorize Payroll Sample Client to make withdrawals from this account in the event that a credit entry is made in error.

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Account 1 Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking | Savings

Allocation Amount/Percent: _____

Account 2 Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking | Savings

Allocation Amount/Percent: _____

Authorization

Signature (Primary): _____

Printed Name: _____

Date: _____

Signature (Secondary): _____

Printed Name: _____

Date: _____

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I, Chester A Fink, hereby authorize Payroll Sample Client to initiate automatic deposits to my account at the financial institution named below. I also authorize Payroll Sample Client to make withdrawals from this account in the event that a credit entry is made in error.

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Account 1 Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking | Savings

Allocation Amount/Percent: _____

Account 2 Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____ Checking | Savings

Allocation Amount/Percent: _____

Authorization

Signature (Primary): _____

Printed Name: _____ Date: _____

Signature (Secondary): _____

Printed Name: _____ Date: _____

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I, Rodney H Spencer, hereby authorize Payroll Sample Client to initiate automatic deposits to my account at the financial institution named below. I also authorize Payroll Sample Client to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Payroll Sample Client responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

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Routing Number: _____

Account Number: _____

Checking | Savings

Allocation Amount/Percent: _____

Account 2 Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking | Savings

Allocation Amount/Percent: _____

Authorization

Signature (Primary): _____

Printed Name: _____

Date: _____

Signature (Secondary): _____

Printed Name: _____

Date: _____

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I, Ellen E Sanders, hereby authorize Payroll Sample Client to initiate automatic deposits to my account at the financial institution named below. I also authorize Payroll Sample Client to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Payroll Sample Client responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

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Routing Number: _____

Account Number: _____

Checking | Savings

Allocation Amount/Percent: _____

Account 2 Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking | Savings

Allocation Amount/Percent: _____

Authorization

Signature (Primary): _____

Printed Name: _____

Date: _____

Signature (Secondary): _____

Printed Name: _____

Date: _____

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I, Abigail A Anderson, hereby authorize Payroll Sample Client to initiate automatic deposits to my account at the financial institution named below. I also authorize Payroll Sample Client to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Payroll Sample Client responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

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Account 1 Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking | Savings

Allocation Amount/Percent: _____

Account 2 Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking | Savings

Allocation Amount/Percent: _____

Authorization

Signature (Primary): _____

Printed Name: _____

Date: _____

Signature (Secondary): _____

Printed Name: _____

Date: _____

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I, Jonathon T Beards, hereby authorize Payroll Sample Client to initiate automatic deposits to my account at the financial institution named below. I also authorize Payroll Sample Client to make withdrawals from this account in the event that a credit entry is made in error.

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Account 1 Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking | Savings

Allocation Amount/Percent: _____

Account 2 Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking | Savings

Allocation Amount/Percent: _____

Authorization

Signature (Primary): _____

Printed Name: _____

Date: _____

Signature (Secondary): _____

Printed Name: _____

Date: _____

Please attach a voided check or deposit slip and return this form to Payroll Sample Client

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I, Samuel E Finnegan, hereby authorize Payroll Sample Client to initiate automatic deposits to my account at the financial institution named below. I also authorize Payroll Sample Client to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Payroll Sample Client responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

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Account 1 Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking | Savings

Allocation Amount/Percent: _____

Account 2 Information

Name of Financial Institution: _____

Routing Number: _____

Account Number: _____

Checking | Savings

Allocation Amount/Percent: _____

Authorization

Signature (Primary): _____

Printed Name: _____

Date: _____

Signature (Secondary): _____

Printed Name: _____

Date: _____

Please attach a voided check or deposit slip and return this form to Payroll Sample Client