



## Direct Deposit Authorization

Company Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Banking Information:

Bank Name: \_\_\_\_\_

Account Type: \_\_\_\_\_

Please attach a voided check here.  
No deposit slips allowed.

Please do not provide checks that are more than one year old as information may have changed

**Important:** Your direct deposit authorization form must be accompanied by a voided check in order for your request to be processed.

I hereby authorize Payday and/or its authorized agents, to initiate credit/debit entries for payment of payroll, and if necessary, adjust credit/debits for entries made in error or entries requiring reversals due to returned items to the account. All such entries shall be made to the account indicated above and the financial depository institution is hereby authorized to credit and/or debit the same to or from said account.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

*This authorization is to remain in full force and effect until the employee has provided written authorization to payday for its termination at such time and in such manner as to afford its agents and deposit a reasonable opportunity to act on it. The employee represents and warrants that it is authorized and herein indemnified and holds Payday and its agents harmless from any damage, loss or claim resulting from company's authorized actions hereunder.*