

Direct Paychecks, Inc.
Employee ACH Credit Authorization for Direct Deposit

Employer Name _____

I hereby authorize Direct Paychecks, Inc., hereinafter called "COMPANY", acting as the payroll provider and processor for my employer, to initiate electronic credit entries to my account indicated below and the financial institution named below, hereinafter called "FINANCIAL INSTITUTION". I acknowledge that ACH transactions I authorize must comply with all applicable law. In the event of an erroneous or duplicate entry, I hereby authorize COMPANY to debit my account indicated below to correct any error made.

Financial Institution

Financial Institution's Address

Routing Number

Account Number

Type of Account: _____ Checking _____ Savings

Determined by payroll amount due to employee
Amount of credit(s) or method of determining amount of credit(s)

Determined by the payroll processing schedule set forth by employer
Date(s) and/or frequency of credit(s)

This authorization is to remain in full force and effect until I notify COMPANY in writing that I wish to terminate this authorization in such time and manner as to afford COMPANY and FINANCIAL INSTITUTION a reasonable opportunity to act on it.

Print or Type Individual Name

Signature

Employee Email Address

Date

Please Attach Copy of Voided Check to This Form