



# Employee Direct Deposit Authorization Agreement

Company: \_\_\_\_\_ Client #: \_\_\_\_\_ Employee: \_\_\_\_\_

Account 1	Bank Name	<input type="checkbox"/> New <input type="checkbox"/> Change	<div style="border: 1px solid black; padding: 5px; text-align: center;">         Attach Voided Check Here          (Deposit Slip Only if Savings)          Label it #1       </div>
	Bank City, State & Zip		
	Routing or ABA Number <small>MUST be 9 digits:</small>		
	Account Number		
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings \$ NET                      %	

Account 2	Bank Name	<input type="checkbox"/> New <input type="checkbox"/> Change	<div style="border: 1px solid black; padding: 5px; text-align: center;">         Attach Voided Check Here          (Deposit Slip Only if Savings)          Label it #2       </div>
	Bank City, State & Zip		
	Routing or ABA Number <small>MUST be 9 digits:</small>		
	Account Number		
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings \$                              %	

Account 3	Bank Name	<input type="checkbox"/> New <input type="checkbox"/> Change	<div style="border: 1px solid black; padding: 5px; text-align: center;">         Attach Voided Check Here          (Deposit Slip Only if Savings)          Label it #3       </div>
	Bank City, State & Zip		
	Routing or ABA Number <small>MUST be 9 digits:</small>		
	Account Number		
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings \$                              %	

Account 4	Bank Name	<input type="checkbox"/> New <input type="checkbox"/> Change	<div style="border: 1px solid black; padding: 5px; text-align: center;">         Attach Voided Check Here          (Deposit Slip Only if Savings)          Label it #4       </div>
	Bank City, State & Zip		
	Routing or ABA Number <small>MUST be 9 digits:</small>		
	Account Number		
		<input type="checkbox"/> Checking <input type="checkbox"/> Savings \$                              %	

I authorize TruPay Corporation and its Agents, including Financial Institutions, acting on behalf of my employer, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts listed above. This authorization will remain in effect until TruPay has received notification of its termination in such time and in such manner as to afford TruPay, and its agents, a reasonable opportunity to cancel it.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date