Direct Deposit Authorization

HR/Payroll Manager - Please complete this section and send a copy to Payroll Maxx for enrollment (Please print).

Company Code: _____ Company Name: _____ Employee ID: _____

HR/Payroll Mgr. Name: _____ HR/Payroll Mgr. Signature: _____

To enroll in Direct Deposit, simply fill out this form and give to your HR or Payroll Manager. Attach a voided check for each checking account - not a deposit slip. Only a preprinted check issued by your bank or a letter from your bank stating the routing and account number is acceptable. We cannot accept a blank starter check with your name handwritten or typed on it. Your name must be on the account, or you must provide proof that you are a signer on the account. If depositing to a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Below is a sample check MICR line, detailing where the information necessary to complete this form can be found.

While the position of the account number on your check may vary from the example (e.g., it might not be in the middle) the same principles apply. Attach voided copy of check to form before submitting.

IMPORTANT! Please read and sign before completing and submitting.

I authorize Payroll Maxx to deposit my payroll check into my account(s) as detailed below. I request that Direct Deposit begin as soon as possible, and continue until I provide written cancellation notice to Payroll Maxx. If the amount of my Direct Deposit is incorrect or in error, I authorize Payroll Maxx to recover any amounts deposited from my account(s). I understand that I am responsible for the repayment of any funds directly deposited into my account(s) in error which are not recovered by Payroll Maxx. I acknowledge that I am the account holder on the account(s) and that the account(s) listed below are held by a Participating DFI and established by a natural person primarily for personal, family or household and not for commercial purposes.

This authorization is to remain in full force and effect until Payroll Maxx and Bank have received written notice from me of its termination in such time and in such manner as to afford Payroll Maxx and Bank reasonable opportunity to act on it.

Employee Name: _____ **Social Security #:** __ __ __ - __ __ - __ __ __ __

Employee Signature: _____ **Date:** _____

Account Information

The last item must be for the remaining amount owed to you. To distribute to more accounts, please complete another form.

Make sure to indicate type of account and the amount to be deposited, if less than your total net paycheck.

1. Bank Name/City/State: _____

   Routing Transit #: __ __ __ __ __ __ __ __ __ Account Number: _____

   □ Checking □ Savings I wish to deposit: □ $ _____.___ -or- □ _____% of Net

2. Bank Name/City/State: _____

   Routing Transit #: __ __ __ __ __ __ __ __ __ Account Number: _____

   □ Checking □ Savings I wish to deposit: □ $ _____.___ -or- □ _____% of Net

3. Bank Name/City/State: _____

   Routing Transit #: __ __ __ __ __ __ __ __ __ Account Number: _____

   □ Checking □ Savings I wish to deposit: □ $ _____.___ -or- □ _____% of Net

ATTENTION HR/PAYROLL MANAGER:

Employers must keep each original employee enrollment form on file as long as the employee is using Direct Deposit, and for two years thereafter.