



Instant Direct Deposit Authorization Agreement

I understand and agree to the following (initial by each item and sign at the bottom):

- _____ I understand that if Payrolling.com receives my approved time prior to 2 PM PST on Monday, then my funds *should* be available in my account by Thursday morning. This time may vary depending on my bank's ACH (Automatic Clearing House) cycle. Direct deposit for all hours approved after the deadline will be delayed. If bi-weekly or semi-monthly, I will refer to my Payrolling.com Welcome letter or Account Manager for deposit dates.
- _____ I understand in order for Payrolling.com to process my Direct Deposit request, I will need to include a *legible copy of a voided check* or a form from my financial institution (No deposit slips will be accepted).
- _____ I understand that it is my responsibility to be sure and verify that funds are transferred to my account before I draw on those funds. **PAYROLLING.COM will not be liable for the availability of your funds.** It is PAYROLLING.COM's recommendation that you verify availability of funds on a weekly basis.
- _____ If there is a system shut down and transmission didn't take place, the availability of my funds may be delayed. **I will make provisions in the unlikely event that a problem may occur.**
- _____ I understand that this authorization will remain in full force and effect until Payrolling.com has received written notification from me. If I cancel direct deposit, change banks or accounts, I will need to notify Payrolling.com two weeks before the change takes place.
- _____ Direct Deposit scheduling may be affected by holidays and cause deposits to be credited a day later to your account.
- _____ I understand if an error is made in crediting my account, Payrolling.com reserves the right to reverse that entry for the full amount or the amount of the discrepancy.

YOU MUST INCLUDE A COPY OF A VOIDED CHECK

EMPLOYEE INFO & ACKNOWLEDGMENT

Client Company:		E-mail - Your receipt will be e-mailed to this address:	
Employee Name:	Employee Phone:	Date:	
Other Signer on Account Name (if any):	Other Signer's Signature:	Date:	

BANK & INFORMATION

Account #1

Account #2 (Optional)

Bank/Financial Institution Name	Bank/Financial Institution Name
Routing Number (always 9 digits):	Routing Number (always 9 digits):
Account Number:	Account Number:
Checking or Savings:	Checking or Savings:
% or amount into this account:	% or amount into this account:

NOTE: ALL WRITTEN CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE RECEIVER MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

I (WE) HEREBY AUTHORIZE PAYROLLING.COM TO INITIATE CREDIT ENTRIES TO EMPLOYEES (NAMED ABOVE) CHECKING/SAVINGS ACCOUNT AT THE DEPOSITORY FINANCIAL INSTITUTION NAMED ABOVE AND TO CREDIT THE SAME TO SUCH ACCOUNT. I HAVE READ AND UNDERSTAND ALL THE ABOVE INFORMATION.

Signature: _____

Print Name: _____ Date: _____