



## Direct Deposit Authorization Form

**Company Name:** \_\_\_\_\_ **Company #:** \_\_\_\_\_

I (we) hereby authorize the COMPANY, to make payment of any amounts owing to me (either of us) by initiating credit entries to my (our) account indicated in the bank named below, hereinafter called BANK, and I (we) authorize and request BANK to accept any credit entire initiated by COMPANY to such account and to credit the same to such account without responsibility for the correctness thereof.

I (we) authorize and request COMPANY to effect repayment to COMPANY for amounts owed it because of a prior erroneous credit initiated to my (our) account if prior to the correcting entry, the COMPANY has sent or delivered to me written notice of the correction and the reason therefore, and the correcting entry is transmitted in such time as to be delivered or made available to BANK before midnight of the fifth day following settlement for the erroneous error.

It is understood this agreement may be terminated by me (either of us) at any time by written notification to COMPANY or BANK. Any such notification to COMPANY shall be effective only with respect to entries initiated by COMPANY after receipt of such notification and reasonable opportunity to act on it. Any such notification to BANK shall be effective only with respect to entries credited to my (our) account by BANK after receipt of such notification and a reasonable time to act on it.

I (we) recognize, acknowledge and accept this service is being provided for my (our) convenience. As such, I agree to hold the COMPANY, B2E Solutions, each participating bank and NACHA harmless from any claim incident to the operation of the plan, arising from any act or omission by the COMPANY and/or B2E Solutions and their employees, including without limitation any claim based on alleged loss as a result of a non-credit or any deposit, and any claim which may be made by and depositor as a result of the rejection of any of his/her debits because of insufficient funds arising from the failure to credit deposits to his/her account.

Employee Name:		Co-Owners Name:		Employee #:
Name of Bank:			Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
Routing #:		Account #:		
Options (select Only One):		Deposit \$ _____ of Net Pay Each Pay Period		Cancel Direct Deposit
Deposit <b>ENTIRE</b> Net Pay Amount	Yes <input type="checkbox"/> No <input type="checkbox"/>	Deposit % _____ of Net Pay Each Pay Period		<input type="checkbox"/> Yes <input type="checkbox"/> No
Employee Signature:			Date:	
Co-Owners Signature:			Date:	

**ATTACH VOIDED CHECK AS PROOF OF ACCOUNT NUMBER  
AND ROUTING TRANSIT NUMBER**

**Please Return the Completed Form to your Client Service Representative**