payroll DATA
employee and labor management solutions center

payrolldata.com

DIRECT DEPOSIT AUTHORIZATION FORM

1020 James Dr. Suite O ◆ Hartland, WI 53029 ◆ 262-563-5200 ◆ Fax 262-369-2404
5202 Eastpark Blvd. Suite 106 ◆ Madison, WI 53718 ◆ 608-249-5886 ◆ Fax 608-249-5967

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, Payroll Data Services, 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 Payroll Data Services 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: ☐ Checking ☐ Savings	
Routing #:	Account #:	
Options (select Only One): Deposit **ENTIRE** Net Pay Amount ☐ Yes ☐ No	Deposit $_______ of Net Pay Each Pay Period Deposit %_______ of Net Pay Each Pay Period	Cancel Direct Deposit ☐ Yes ☐ No
Employee Signature:	Date:	
Co-Owners Signature:	Date:	

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

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