PAYCOR PAYROLL SERVICES

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize Paycor and the Financial Institution(s) listed below to deposit my pay automatically into the following account(s):

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Bank Name | Account Number | Routing Number | Account Type | Net or $ Amount |
|  |  |  | Checking  Savings |  |
|  |  |  | Checking  Savings |  |
|  |  |  | Checking  Savings |  |

## Please Check One

|  |  |  |  |
| --- | --- | --- | --- |
|  | New or Additional Direct Deposit | | |
|  | Change the Bank or Account Number on an Existing Direct Deposit | | Account Number to be Replaced: |
|  | Change the Amount of an Existing Direct Deposit | Amount Was: | Amount Changed To: |
|  | Other (please explain): | | |

**Please attach a voided check in the space below. If you are setting up more than one account, please attach the additional checks to a separate piece of paper.**

I have attached a voided personalized check (checking accounts), deposit slip (savings accounts) or direct deposit authorization form from my bank for each account specified. (This request will not be processed without the accompanying documentation.)

I hereby authorize the Company to directly deposit any salary or wages due to me, less any mandatory or authorized withholdings or deductions in the bank account(s) listed above in the amounts specified.

The Company will credit my account(s) the amount of my payroll check on payday. The Company will provide me with a check stub on payday listing my deductions and pay. Deposits are normally available the morning of pay date however each bank posts funds to accounts at different times daily, and the Company has no control over my bank’s posting.

I authorize my financial institution to accept direct deposits to my account upon receipt and without advice to me. It is my responsibility to verify deposits on a per pay date basis before writing checks against these funds. I understand that the Company is not responsible for bank errors or bank fees. Banking services are provided in accordance with the limitations and restrictions of the Automated Clearing House Association.

This authorization is to remain in force until the Company has received written authorization from me of its termination or change. I understand that if my account has closed, my financial institution cannot accept a deposit on my behalf. If this occurs, my employer will not be able to process any further direct deposits without further written authorization from me. **IN ORDER TO TERMINATE OR REVOKE THIS AUTHORIZATION, I MUST NOTIFY HR AND IT WILL BE PROCESSED ON THE NEXT PAYRUN.**

### Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Name (printed): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_