

**Pay Day Pro**  
**Direct Deposit – Employee Authorization**

\_\_\_\_\_  
**Company Name**

\_\_\_\_\_  
**Company Client Code**

\_\_\_\_\_  
**Employee Name**

\_\_\_\_\_  
**Employee Soc Sec No**

I hereby authorize PayDay Pro (hereafter "Company") and the financial institution(s) (hereafter "Bank") listed below to direct deposit my pay automatically to the indicated account(s) and to make adjusting entries including the removal of funds if my employer does not make them available.

I also authorize Company to deposit any amounts owed me by initiating credit entries to my accounts at the Bank(s) indicated on the bottom of this form. Further, I authorize Bank to accept and credit any credit entries indicated by Company to my accounts. In the event that Company deposit funds erroneously into my account, I authorize Company to debit my account for the amount not to exceed the original amount of the erroneous credit.

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

**Attach a VOIDED CHECK for each checking account. Verify ALL bank information if using a savings account. ONLY completed and signed forms will be processed.**

**DEPOSIT SLIPS CANNOT BE USED.**

**A.** \_\_\_\_\_  
Bank Name/City/State

\_\_\_ Checking \_\_\_ Savings Account no. \_\_\_\_\_ Routing no. \_\_\_\_\_

Deposit\$ \_\_\_\_\_ or \_\_\_\_\_ Entire Net amount or \_\_\_\_\_ Remaining Amount

**B.** \_\_\_\_\_  
Bank Name/City/State

\_\_\_ Checking \_\_\_ Savings Account no. \_\_\_\_\_ Routing no. \_\_\_\_\_

Deposit\$ \_\_\_\_\_ or \_\_\_\_\_ Entire Net amount or \_\_\_\_\_ Remaining Amount

**C.** \_\_\_\_\_  
Bank Name/City/State

\_\_\_ Checking \_\_\_ Savings Account no. \_\_\_\_\_ Routing no. \_\_\_\_\_

Deposit\$ \_\_\_\_\_ or \_\_\_\_\_ Entire Net amount or \_\_\_\_\_ Remaining Amount

Deposits are normally available on check date between 8:00 am and 12:00 midnight. It is my responsibility to verify deposits on a pay period basis before writing checks against these funds. This Authorization can take up to two (2) pay periods to activate. I understand that neither my employer nor Pay Day Pro is responsible for bank errors or bank fees. I have read, understood, and agreed to the above information. I may cancel this Direct Deposit(s) at any time by written request. Banking services are provided in accordance with the limitations and restrictions of the National Automated Clearing House Association.

\_\_\_\_\_  
**Employee Signature**

\_\_\_\_\_  
**Date**