



Authorization for Direct Deposit

I authorize my employer to instruct our payroll provider, **Checkright**, to deposit my pay automatically to the account indicated below so that my pay will be via “Direct Deposit.” This authorization extends to **Checkright’s** banking and/or payroll software partners.

I specifically give permission to my employer and **Checkright** to make adjusting or reversing entries on my account in the event of a mistake or error. I understand that power outages, internet outages, banking errors, human errors, terrorist acts, and acts of God all could prevent my pay from being deposited according to the normal pay schedule. I agree to hold harmless my employer, the banks, and **Checkright** if any problem were to occur.

I understand that this authorization will remain in effect until I cancel it in writing and such time beyond that cancellation that affords **Checkright** a reasonable opportunity to act on the cancellation.

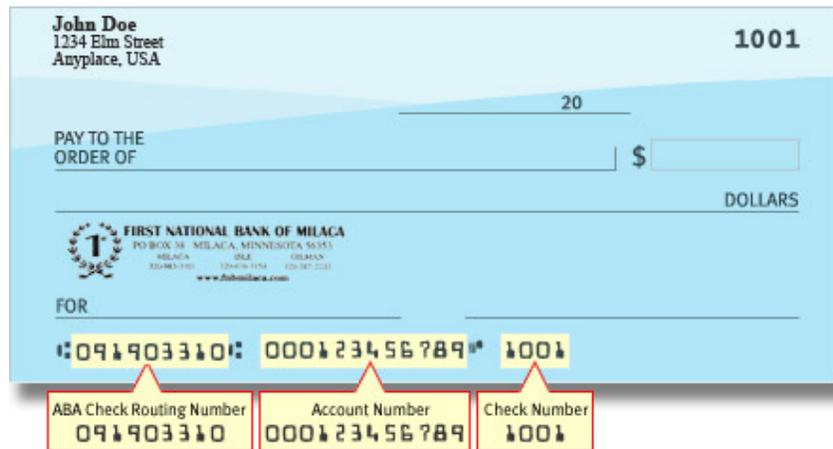
Company Name: _____

Employee Name (Please Print): _____

Employee Signature: _____ Date: _____

Bank Name: _____ Checking _____ **OR** Savings _____

Routing Number: _____ Account Number: _____



(Always 9 Digits)

EMPLOYER: Employer must retain direct deposit authorizations for two years past revocation of direct deposit or termination of employee. If employer relays account information directly to **Checkright** without Authorization for Direct Deposit, employer warrants that employer has signed Authorization for Direct Deposit on file.