

PAYROLL SPECIALTIES, INC.

EMPLOYEE AUTHORIZATION DIRECT DEPOSIT INFORMATION

PLEASE INDICATE THE AMOUNT YOU WOULD LIKE DIRECT
DEPOSITED TO YOUR ACCOUNT(S)

ACCOUNT #1 \$ _____	Checking [<input type="checkbox"/>]	Savings [<input type="checkbox"/>]
ACCOUNT #2 \$ _____	Checking [<input type="checkbox"/>]	Savings [<input type="checkbox"/>]
ACCOUNT #3 \$ _____	Checking [<input type="checkbox"/>]	Savings [<input type="checkbox"/>]

I hereby authorize PAYROLL SPECIALTIES, INC. to deposit my payroll check directly to my bank account. I also authorize the withdrawal of any over deposited funds from my account, or to return the over deposit personally (at PAYROLL SPECIALTIES discretion). I also understand it is my responsibility to verify the availability of my funds prior to writing checks against them. PAYROLL SPECIALTIES assumes no responsibility for any charges incurred due to delayed deposits beyond its control.

EMPLOYEE SIGNATURE

DATE

PRINT NAME

PLEASE ATTACH A VOIDED CHECK (for Checking only)
FOR EACH ACCOUNT:

There will be a \$5.00 charge added to your paycheck if your direct deposit comes
back as a result of closed or inactive deposit account.

COMPANY NAME: _____

AUTHORIZING OFFICER: _____

Medford Office * 541-770-3272 Fax * 2021 Commerce, Suite 100, Medford OR 97504-9783

For additional forms go to www.payrollspecialties.com under the Forms button.