



**PAYROLL SPECIALTIES, INC.**  
**EMPLOYEE AUTHORIZATION**  
**DIRECT DEPOSIT INFORMATION**

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

ACCOUNT #1 \$ \_\_\_\_\_ Checking [ ] Savings [ ]  
ACCOUNT #2 \$ \_\_\_\_\_ Checking [ ] Savings [ ]  
ACCOUNT #3 \$ \_\_\_\_\_ Checking [ ] Savings [ ]

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

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

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  
Eugene Office \* 541-359-1214 Ph \* 29345 Airport Rd Ste. C Eugene, OR 97402

**For additional forms go to [www.payrollspecialties.com](http://www.payrollspecialties.com) under the Forms button.**