Payrolls Unlimited, Inc.
Direct Deposit Authorization

This form must be completed entirely by the employee in order to be processed.

EMPLOYEE INFORMATION

CO # _____ Company Name _____

EE # _____ Employee Name _____

Date of Birth _____ Social Security # _____

Address _____

ACCOUNT INFORMATION

Account Type ___ Checking ___ Savings

Account Number _____

ABA Routing Number _____

Deposit Amount % _____ **OR** $ _____ (Flat Amount)

I authorize the payer, Payrolls Unlimited, Inc., to automatically deposit my payroll check into my account listed above. (This includes authorization to correct any entries made in error.) This authorization will remain in effect until I give written notice to cancel it. These procedures are within NACHA guidelines.

_____ _____

Employee Signature (required) Date

A copy of a voided check or a spec sheet (if a savings account) MUST be attached. Your request will not be processed otherwise.