



# Corporate Payroll Services

## Authorization Agreement For Direct Deposit Employees

For direct deposit employees, this Authorization Agreement along with voided check(s) or deposit ticket(s) must be received a minimum of 5 banking days before the first direct deposit pay date. This Authorization Agreement may be initially faxed along with a copy of voided check(s) or deposit ticket(s) to CPS at (770) 263-6433. Originals must be received by us within 5 business days.

Employee Name \_\_\_\_\_ Employee ID # \_\_\_\_\_

Company Name \_\_\_\_\_ Cust. ID # \_\_\_\_\_

**Corporate Payroll Services cannot set up direct deposits for “credit only” accounts.** These accounts do not allow debit entries, which are necessary for voiding and reissuing checks.

Corporate Payroll Services does not offer direct deposit of funds to either a foreign bank or a U.S. Financial institution where the entire amount will be forwarded to a bank account in another country. If either situation applies to you, do not complete this form.

**If you only have one account, simply write 100 next to the % sign in the first row. You may choose up to 4 accounts into which your net pay is deposited. Please enter either a dollar amount or a percentage for all accounts. If you choose the Dollar method, all remaining amounts will be directed to the first account listed below. If using the Percentage method, the total of the percentages must equal 100%.**

\$ All Remaining OR \_\_\_\_\_ % \* Bank Name \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_  
Routing \_\_\_\_\_ Acct# \_\_\_\_\_

\$ \_\_\_\_\_ OR \_\_\_\_\_ % \* Bank Name \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_  
Routing \_\_\_\_\_ Acct# \_\_\_\_\_

\$ \_\_\_\_\_ OR \_\_\_\_\_ % \* Bank Name \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_  
Routing \_\_\_\_\_ Acct# \_\_\_\_\_

\$ \_\_\_\_\_ OR \_\_\_\_\_ % \* Bank Name \_\_\_\_\_ Checking \_\_\_\_\_ Savings \_\_\_\_\_  
Routing \_\_\_\_\_ Acct# \_\_\_\_\_

\*Total for ALL % amounts must = 100

I hereby authorize Corporate Payroll Services, its agents and the bank named above to initiate credit and any necessary adjusting debit entries to my account(s) indicated above. This Authority is to remain in effect until Corporate Payroll Services and the bank have received written notice from me of its termination in such time and manner as to afford Corporate Payroll Services and the bank a reasonable opportunity to act on it.

Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

\*Please email my direct deposit stub to : \_\_\_\_\_

*Staple copy of voided check(s) to this form when sending originals*