



EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

Employer Name	Employer Number

Employee Name	Employee Number

COMPLETE TO ENROLL OR CHANGE ENROLLMENT IN DIRECT DEPOSIT

<input type="checkbox"/> Add <input type="checkbox"/> Change <input type="checkbox"/> Delete <input type="checkbox"/> New	Bank Account Information
<input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Transit Number
<input type="checkbox"/> % Amount _____ <input type="checkbox"/> \$ Amount _____	Account #
<input type="checkbox"/> Net (Entire Remaining Amount)	Bank Name

COPY OF VOIDED CHECK FOR ACCOUNT MUST BE ATTACHED BELOW

Please use this as reference for obtaining your correct account information.

Write void across check and attach here or as a separate page.

I hereby authorize Comprehensive Payroll Service Inc on behalf of my employer to initiate credit entries and to initiate, if necessary, debit entries and/or adjustments for any credit entries made in error to my account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

This authority is to remain in full force and effect until Comprehensive Payroll Service Inc ("CPS") has received written notification from me of its termination in such time and in such manner as to afford CPS and DEPOSITORY a reasonable opportunity to act on it. I also acknowledge that due to NACHA pre-note test file requirements that it will take no less than 10 business days from the date of my next check to begin.

Employee Signature _____ **Date** _____

Account Owner Signature _____ **Date** _____