



Employee Direct Deposit Authorization Agreement

Instructions: Please fill in employer name, employee name, check off appropriate box(s), complete all 5 five lines of bank information, then sign and date. Also include a copy of a voided check or savings deposit form that corresponds to this account. Eagle Payroll Service will not accept this direct deposit form if it is incomplete. Please fill out a separate form for each bank account you wish to have direct deposit activated. This request will be submitted to your bank upon your employers' next live payroll.

Due to mandatory bank pre-noting (testing), Direct Deposit Service will go into effect approx. 10 business days from the date of your employers' next payroll processing!

Employer (Company) Name _____

Employee Name _____ I (we) hereby authorize Eagle Payroll Service, Inc. ("EPSI") to deposit funds by electronically initiating credit entries to my account(s) at the financial institution(s) (the "BANK") indicated below. I further authorize this BANK to accept and credit entries initiated by EPSI to my checking and/or savings account(s). I acknowledge any deposit is an advance of funds by Eagle on behalf of my employer, and is subject to the successful collection of funds by EPSI from my employer's payroll bank account. If my employer does not make available to EPSI sufficient funds for this transaction, and/or an erroneous deposit was made to my account, I hereby authorize and give permission to EPSI to debit my account to recover said funds. I agree to hold EPSI harmless from loss and to indemnify it, limited to the amount of the deposit.

New Request Change Request Stop Existing Request In addition To Existing Requests

1. _____
Name of bank, savings & loan or credit union
2. _____
Bank routing/transit number
3. _____
Employee account number
4. **Type of account (please check one)** **Checking** **Savings**
5. **Deposit fixed dollar amount? \$** _____ **or** **Deposit Percent of net pay amount?** _____ %

PLEASE ATTACH A COPY OF A VOIDED CHECK (For Checking Account)

AND/OR

A COPY OF A DEPOSIT SLIP (Savings Account)

Once direct deposit has been established, please check your bank account each pay period to verify funds have been successfully deposited to your account and are available for use.

This agreement (authority) is to remain in full force and effect until above employee is either terminated from employment or terminates the agreement by written notification to employer. In turn, the employer will notify EPSI, and give sufficient and reasonable time for EPSI to act upon the termination request.

Employee Signature _____ **Date** _____