

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

NOTICE: ALL INFORMATION MUST BE COMPLETE TO INSURE PROMPT PROCESSING

EMPLOYER SECTION

I hereby authorize the below listed employee to enroll in our company sponsored direct deposit program and authorize Abacus Payroll Services, Inc to initiate the following enrollment based upon the information contained within this form. Fax this signed form to your payroll support representative. Please allow two days before your next processing day. A *VOIDED CHECK* and or a *BANK SPEC SHEET* must be sent along with this form.

COMPANY NAME: _____

AUTHORIZED SIGNATURE: _____

EMPLOYEE SECTION

NAME _____

ACCOUNT NO _____

ROUTING NO _____

BANK NAME _____

TYPE OF ACCOUNT Checking Savings

I authorize my employer and Abacus Payroll Services to deposit my paycheck each payday into the account named above. This authority will remain in force until I have given written notice that I have terminated it or until my employer has notified me that this deposit service has been terminated. I understand that I must give advance notice to allow my instructions to be executed. If ever an incorrect or inaccurate amount should be entered into my account, I agree to advise my employer immediately and I authorize Abacus Payroll Services and my bank to make appropriate adjustments and/or reversal transactions as deemed appropriate. I have attached a copy of a voided check, unsigned with the word "VOID" written on the check and or bank "SPEC SHEET" for each account listed above. By signing below I accept the terms as conditions as stated above and understand setup will occur within the next 1-2 processing.

EMPLOYEE SIGNATURE: _____

DATE: _____

PLEASE ATTACH
VOIDED CHECK

YOUR NAME 123 YOUR STREET YOUR CITY, STATE 12345	12-345 6789	1001
DATE: _____		
PAY TO THE ORDER OF: _____		\$ _____
_____ DOLLARS		
YOUR FINANCIAL INSTITUTION 123 MAIN STREET CITY, STATE 12345		
NOTE: _____		
: 234567890 :	000123456 *	1001

Routing Number Account Number Check Number