



Employee Direct Deposit Authorization

Client # Employer: _____

Employee Name: _____

I authorize my employer together with Access Payroll Services of N.E. LLC and their agents including Intercept Corporation, to initiate the electronic entries necessary to directly deposit all or a portion of my net pay each pay period according to the following allocations:

↓ Check box below arrow to have your (Entire NET) deposited into one bank account

<input type="checkbox"/>	NET	<u>Cking</u>	<u>Svgs</u>	<u>Bank Name</u>	<u>9 Digit Routing #</u>	<u>Account #</u>
--------------------------	------------	--------------	-------------	------------------	--------------------------	------------------

***Checking account requests will NOT be processed without a voided check ***

Or → fill in the boxes below to deposit your paycheck into more than one account.

List SEQUENCE	FIXED Amt.	Percentage	(Circle One)	Bank Name	9 Digit Routing #	Account #
1	\$	%	Cking Savings			
2	\$	%	Cking Savings			
3	\$	%	Cking Savings			

- Amounts will be deposited in the sequence noted above and a check will be cut for any amounts remaining.
- Please verify routing and account numbers for both savings and checking accounts listed and **attach a voided check** for all checking accounts.
Access Payroll Services of N.E. LLC and your employer are not responsible for any bank errors or fees.
- This direct deposit request usually is reflected on the second pay period following receipt.
- You may cancel or temporarily hold your direct deposit at anytime.
- All changes and request must be initiated by your company authorized payroll representative.
- I understand that adjustments and/or reversing entries may be made to this account to insure an accurate and balanced accounting of all transactions.

Fax to: 603-621-5147

1. **Keep copy in employees' file.**
2. **Give copy to employee**

Employee Signature: _____ Date: ____/____/____

~Place copy of voided check here ~