

Employee Direct Deposit Authorization Agreement

I hereby authorize my employer _____ and FlexChecks, Inc., to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter "BANK") indicated below. Further, I authorize BANK to accept and to credit any credit entries indicated by COMPANY or FlexChecks, Inc. to my account. In the event COMPANY or FlexChecks, Inc. deposits funds to my account in error, I hereby authorize COMPANY or FlexChecks, Inc. to debit my account the amount deposited in error.

Company Name (please print) _____

Employee name (please print): _____ SS#: _____

Begin Deposit Change Information Cancel

Bank _____ Routing #: _____

City _____ State _____

You may designate as many accounts as needed:

Checking (attach void check, bank letter, or specification sheet)

I wish to deposit (check one) \$_____.00 _____% Net Entire net pay Acct # _____

I wish to deposit (check one) \$_____.00 _____% Net Entire net pay Acct # _____

Savings (attach bank letter or specification sheet)

I wish to deposit (check one) \$_____.00 _____% Net Entire net pay Acct # _____

I wish to deposit (check one) \$_____.00 _____% Net Entire net pay Acct # _____

This authorization is to remain in full force and effect until COMPANY and/or BANK have received written notice from me of its termination in such manner as to afford COMPANY and BANK reasonable opportunity to act on it. I agree that if I provide information that is not accurate and there is a fee charged to COMPANY or FlexChecks to correct the erroneous information, I will reimburse COMPANY or FlexChecks the actual charge through payroll deduction, direct debit to my account, or by certified funds.

Employee Signature: _____ Date ____/____/____

Attach Voided Check Here

EMPLOYER USE:

_____ Please pre-note with next payroll _____ Please pre-note prior to next payroll (\$8.00 fee)

Authorized Signature: _____ Date ____/____/____