

Employee Direct Deposit Authorization Agreement

Complete the following information to sign up for direct deposit today!

I hereby authorize my employer, 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 that COMPANY or FlexChecks, Inc. deposits funds erroneously into my account, I authorize COMPANY or FlexChecks, Inc. to debit my account for an amount not to exceed the original amount of the erroneous credit.

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

Begin Deposit Change Information Cancel

Bank _____

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

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

Savings (attach bank letter or specification sheet)

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

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

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 funds are inadvertently deposited into my account in error, it is my responsibility to repay these funds either by direct debit by my employer or by certified funds.

Employee Signature: _____ Date ____/____/____

Attach Voided Check Here