



Direct Deposit Authorization Form

Worker Required Information	Employer Required Information
Worker Name _____ Last four digits SSN _____	Company Name _____ Client Number _____

IMPORTANT! Please read and sign before completing and submitting.

I hereby authorize PaySphere to deposit any amounts owed me, as instructed by my employer, by initiating credit entries to my account(s) at the financial institution (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by PaySphere to my account. In the event that PaySphere deposits funds erroneously into my account, I authorize PaySphere to debit my account for an amount not to exceed the original amount of the erroneous credit.

I also acknowledge and understand that it is the intent of PaySphere and my employer to have funds available on the scheduled pay date as designated on my paystub. I accept responsibility to verify with my Bank the depositing of appropriate funds on the scheduled deposit date. I will not hold PaySphere or my employer responsible for service fees assessed by the Bank for transactions I may have initiated prior to direct deposit monies being credited to my account.

This authorization is to remain in full force and effect until PaySphere and Bank have received written notice from me of its termination in such time and in such manner as to afford PaySphere and Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security #: _____ - _____ - _____
Employee Signature: _____ Date: _____

COMPLETE TO ENROLL IN DIRECT DEPOSIT – PLEASE PRINT IN BLACK INK ONLY

- Bank Name: _____ Checking
Routing Transit #: _____ Account Number: _____ Savings
I wish to deposit: Net Pay \$ _____ _____ % Money Market
- Bank Name: _____ Checking
Routing Transit #: _____ Account Number: _____ Savings
I wish to deposit: Net Pay \$ _____ _____ % Money Market
- Bank Name: _____ Checking
Routing Transit #: _____ Account Number: _____ Savings
I wish to deposit: Net Pay \$ _____ _____ % Money Market

** I certify that the bank ABA (routing) number and account number I have provided to my employer and PaySphere are correct and understand that incorrect numbers could result in an error in the routing of my direct deposit. I accept that PaySphere, being the ACH originator, may verify the depositing information with my bank prior to the transmission of actual funds. If an error occurs due to incorrect information on this form, my employer nor PaySphere will be held responsible and could result in a delay of funding to the appropriate account. Initial: _____*

Please attach one of the following for each Checking or Savings accounts (check one):

- Voided check with name imprinted (no starter checks)
- Deposit slip (only accepted if the verbiage "ACH R/T" appears before the routing number)
- Bank letter or specification sheet (the signature of your local bank representative MUST be included)

**Certain accounts may have restrictions on deposits and withdrawals. Check with your bank for more information specific to your account.*