



# Employee Direct Deposit Authorization Agreement

Company: \_\_\_\_\_

Client #: \_\_\_\_\_

Employee: \_\_\_\_\_

Account 1

Bank Name
Bank City, State & Zip
Routing or ABA Number MUST be 9 digits:
Account Number

? New  
? Change

Attach Voided Check Here (Deposit Slip Only if Savings) Label it #1
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? Checking    ? Savings

\$ NET                    %

Account 2

Bank Name
Bank City, State & Zip
Routing or ABA Number MUST be 9 digits:
Account Number

? New  
? Change

Attach Voided Check Here (Deposit Slip Only if Savings) Label it #2
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? Checking    ? Savings

\$                            %

Account 3

Bank Name
Bank City, State & Zip
Routing or ABA Number MUST be 9 digits:
Account Number

? New  
? Change

Attach Voided Check Here (Deposit Slip Only if Savings) Label it #3
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? Checking    ? Savings

\$                            %

Account 4

Bank Name
Bank City, State & Zip
Routing or ABA Number MUST be 9 digits:
Account Number

? New  
? Change

Attach Voided Check Here (Deposit Slip Only if Savings) Label it #4
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? Checking    ? Savings

\$                            %

I authorize TruPay Corporation and its Agents, including Financial Institutions, acting on behalf of my employer, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts listed above. This authorization will remain in effect until TruPay has received notification of its termination in such time and in such manner as to afford TruPay, and its agents, a reasonable opportunity to cancel it.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date