Direct Deposit Authorization

I (we) hereby authorize eEmployers Solutions, Inc., hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account.

Employee Name: _____

Client Name: _____

☐ Check this box if this is a change to your current direct deposit form

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Account 1   **E-mail Address (e-stub):** _____

Bank Name _____

Account Name _____

Address _____

City, State _____

Account # _____

Routing/Transit# _____

Type of Account ____Checking ____Savings   (Attach Voided Check)

Amount: $ _____ or _____%

Account 2   **E-mail Address (e-stub):** _____

Bank Name _____

Account Name _____

Address _____

City, State _____

Account # _____

Routing/Transit# _____

Type of Account ____ Checking ____Savings   (Attach Voided Check)

Amount: $ _____ or _____%

This authority is to remain in effect until eEmployers Solutions, Inc. and _____ have received written notification from me
        BANK NAME
(or either of us) of its termination. Sufficient advance notification will be provided to

eEmployers Solutions, Inc. and _____ to allow for proper
                    BANK NAME
processing of all accounts pending.

AUTHORIZED SIGNATURE_____ DATE_____

AUTHORIZED SIGNATURE_____ DATE_____