

Payroll Direct Deposit Authorization Agreement

Employee Name: _____

I hereby authorize my employer, _____, through Southern Payrolls to initiate automatic deposits to my account at the financial institution named below. I also authorize my employer through Southern Payrolls to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold my employer or Southern Payrolls responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds into my account.

This agreement will remain in effect until my employer and Southern Payrolls received a written notice of cancellation from me or my financial institution, in such manner as to afford my employer reasonable time to act or until I submit a new direct deposit form to the Payroll Department.

Account #1

Name of financial Institution: _____

Routing Number: _____ Account Number: _____

Account Type: Checking Savings

Deposit Option (Select Only One)

Deposit Entire Net Pay Amount Deposit \$ _____

Deposit _____% Cancel Direct Deposit

Account #2

Name of financial Institution: _____

Routing Number: _____ Account Number: _____

Account Type: Checking Savings

Deposit Option (Select Only One)

Deposit Entire Net Pay Amount Deposit \$ _____

Deposit _____% Cancel Direct Deposit

Please attach a voided check or copy for each account and return this form to the Payroll Department.

Authorized Signature (Primary): _____ Date: _____

