



AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT OF PAYROLL

I hereby authorize All Pay HR, Inc. or its subsidiaries to initiate Direct Deposit of my payroll and to credit or debit my account(s) as necessary to place the correct net payroll amount(s) into my account(s) indicated below. I further authorize the financial institution(s) listed below and/or named on the attached check(s) to debit or credit my account the transactions initiated by All Pay HR, Inc. I understand that my financial institution may require 2 pay cycles to assure transaction completion. I agree that I will personally verify the funds held with my financial institution prior to issuing any checks or withdrawals. I agree that All Pay HR, Inc. or its subsidiaries cannot be responsible for overdraft charges to my account. This authority is to remain in full force and effect until All Pay HR, Inc. has received written notification from me of its termination in such time and in such manner as to afford All Pay HR, Inc. a reasonable opportunity to act upon it.

Printed Name: _____

Signature: _____ Date: _____

This form is a: New Authorization Change to an existing authorization

1. Please verify and complete the following:

Account Type: Checking _____ Savings _____

Financial Institution: _____

Address: _____

Routing Number: _____

Account Number: _____

Amount or Percentage to deposit \$ _____ . _____ or _____ %

2. Please verify and complete the following:

Account Type: Checking _____ Savings _____

Financial Institution: _____

Address: _____

Routing Number: _____

Account Number: _____

Amount or Percentage to deposit \$ _____ . _____ or _____ %