



## EMPLOYEE AUTHORIZATION FOR DIRECT DEPOSIT

COMPANY NAME: \_\_\_\_\_

I hereby authorize my employer to deposit any amounts owed to me by initiating credit entries, through Payroll Masters, to my account(s) at my financial institution(s) indicated by my voided check(s) below. Further, I authorize my institution to accept credit entries sent on behalf of my employer to my account(s). I also authorize my employer and Payroll Masters to debit my account for any monies deposited in error. I understand it is my responsibility to verify the availability of my funds prior to creating checks or withdrawals against them. I understand that Payroll Masters is depositing my wages / salary for my convenience and that these deposits may be an advance of funds on behalf of my employer and are subject to funds being made available by my employer to Payroll Masters. If my employer does not have the funds immediately available to Payroll Masters, I authorize Payroll Masters to debit my account to recover the advance. I agree to hold Payroll Masters harmless from loss and agree to indemnify them.

**MISCELLANEOUS PROVISIONS: The laws of the State of California shall govern this agreement. The County of Napa in the State of California is hereby designated as venue/jurisdiction for any action or proceeding arising out of or in any connection with this agreement.**

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

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

(Please print clearly)

Specify dollar amount or net: \_\_\_\_\_

SAVINGS

CHECKING

**IMPORTANT:**  
Deposit slips ARE NOT an acceptable document for Automatic Deposit.

**EMPLOYEE  
ATTACH VOIDED CHECK HERE**

FOR SAVINGS ACCOUNTS:  
PLEASE ATTACH A BANK SPECIFICATION SHEET.

*FOR ADDITIONAL DEPOSIT ACCOUNTS, PLEASE ATTACH A SEPARATE AUTHORIZATION.*

Employee's #: \_\_\_\_\_ Authorizing Officer: \_\_\_\_\_