



NEW EMPLOYEE ADD FORM & AUTHORIZATION FOR DIRECT DEPOSIT

Please make sure all fields are accurately completed. Missing data can result in payroll delays.

COMPANY NAME: _____

Social Security Number grid with dashes

Employee #: _____ Date of Hire: ____/____/____

Salary/ Hourly Per P/P Salary Rate \$ _____ or/Hourly Rate \$ _____ Hours this pay period: _____

Last Name: _____ First Name: _____ Mi. Name: _____

Address: _____

City: _____ State: _____ Zip: _____ Married Single Head of Household No. of Exemptions: _____

Agriculture Employee YES NO Dept./WC code # _____

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.

Specify dollar amount or net: _____ SAVINGS CHECKING

Employee Signature: _____ Date: ____/____/____

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