



Direct Deposit Authorization

Company _____	Client Code _____
Contact _____	Phone _____

I hereby authorize _____ ("Company") to initiate credit or debit entries to my account with the financial institution indicated below. I recognize those credit or debit entries will be processed by Payday LLC, the Company's payroll provider. This authorization is to remain in full force and effect until the Company has received written notification from me of its termination; at such time and in such manner as to afford the Company and the financial institution a reasonable opportunity to act on my request. I acknowledge the Company may decide to revoke or suspend this agreement at any time, for any reason. I understand this authorization is for my payroll earnings from the Company.

Employee Name _____

Signature _____ Date _____

Employee Account Information #1

Bank Name _____ Checking Savings

Routing Number _____ Account Number _____

Please Deposit: \$ _____ or _____ %

Employee Account Information #2

Bank Name _____ Checking Savings

Routing Number _____ Account Number _____

Please Deposit: \$ _____ or _____ % or Remaining Net

John and Jane Doe
123 Your Street
Anywhere, USA 12345

Pay To The Order Of _____

Date _____

\$ _____

10000
DOLLARS

ATTACH VOIDED CHECK HERE

Your Bank Name _____

Memo _____

Routing # (9 digit # between these two symbols) → 012345678

Account # (usually follows the Routing #) → 9876543210

Check # (is not needed) → 10000