



EMPLOYEE DIRECT DEPOSIT AGREEMENT

Employer Name: _____

Employee Name: _____

Employee SSN: _____

Account 1	Bank: _____	Amount: _____	\$ or %
	Routing # _____	Savings	<input type="checkbox"/>
	Account # _____	Checking	<input type="checkbox"/>

Account 2	Bank: _____	Amount: _____	\$ or %
	Routing # _____	Savings	<input type="checkbox"/>
	Account # _____	Checking	<input type="checkbox"/>

Account 3	Bank: _____	Amount: _____	\$ or %
	Routing # _____	Savings	<input type="checkbox"/>
	Account # _____	Checking	<input type="checkbox"/>

Account 4	Bank: _____	Amount: _____	\$ or %
	Routing # _____	Savings	<input type="checkbox"/>
	Account # _____	Checking	<input type="checkbox"/>

I authorize Payroll Pros, LLC's said institution, and the financial institutions listed above to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries, which were incorrectly funded by any person or for any processing activities by said Banking Institutions. This authorization will remain in effect until written notice of cancellation.

Employee Signature

Date

A voided check must be attached for all accounts included on this direct deposit agreement