

**EMPLOYEE DIRECT DEPOSIT AUTHORIZATION AGREEMENT
[ACH CREDITS & DEBITS]**

___ New Payroll Deposit; ___ Change Deposit Information; ___ Revoke Authorization; Date ___/___/___

EMPLOYEE NAME _____ SSN _____

COMPANY _____ ID _____

PAYROLL SERVICE PROVIDER (PSP): COMPASS PAYROLL SERVICES

I authorize my employer (COMPANY) or a payroll service provider (PSP), on behalf of the COMPANY, to deposit any amounts owed me by initiating credit entries to my account at the financial institution (the "BANK") indicated below. Further, I authorize the BANK to accept any credit entries indicated by COMPANY to my []Checking Savings account (select one). I acknowledge the deposit of any amount is an advance of funds on behalf of the COMPANY and the responsibility of the COMPANY and not that of the PSP and is subject to the successful collection of the funds by the PSP from the COMPANY's account. If the COMPANY does not make available to the PSP the funds that were advanced to make the deposit into my account, I authorize the PSP to debit my account to recover said advance. I agree to hold the PSP harmless from loss and to indemnify it, limited to the amount of the deposit. I also authorize the COMPANY or the PSP to debit my account in the event of a credit which should not have been made for an amount not to exceed the original amount of the erroneous credit.

Complete Section 1 and/or Section 2

SECTION 1 - CHECKING ACCOUNT; Attach a Voided Check

BANK NAME _____ City _____ State _____

I wish to deposit \$ _____ .00 or _____ Entire Net Pay

TRANSIT/ABA NO. _____ **ACCOUNT NO.** _____

ATTACH VOIDED CHECK HERE

The numbers on the bottom of your voided check are used
to make the electronic funds transfer directly to your account.

SECTION 2 - SAVINGS ACCOUNT: Call Your Bank To Obtain the Following Information:

BANK NAME _____ City _____ State _____

I wish to deposit \$ _____ .00 or _____ Entire Net Pay

SAVING BANK/ROUTING OR TRANSIT NUMBER _____ **(THIS MUST BE 9 DIGITS)**

EMPLOYEE SAVINGS ACCOUNT NUMBER _____

This authority is to remain in full force and effect until the COMPANY, PSP, and BANK have received written notification from me of its termination in such time in such manner as to afford the COMPANY, PSP, and BANK a reasonable opportunity to act on it.

EMPLOYEE SIGNATURE _____ DATE _____

A COPY OF THIS AGREEMENT MUST BE GIVEN TO THE EMPLOYEE

NOTE: ALL WRITTEN DEBIT AND CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE EMPLOYEE MAY REVOKE THE AUTHORIZATION ONLY BY NOTIFYING THE COMPANY IN THE MANNER SPECIFIED IN THE AUTHORIZATION.

COMPANY HEREBY AUTHORIZES THE PSP TO RELY ON THE INFORMATION CONTAINED IN THIS FORM:

COMPANY SIGNATURE _____ DATE _____