



Direct Deposit Authorization

Name of Employer:

I **DECLINE** participation in direct deposit at this time. I understand that if I lose my live paycheck there could be a 48 hour waiting period before a re-issue can be done. I understand that there is a \$25.00 fee for a stop payment to be issued on my live paycheck and I agree to pay that. In addition, I understand that neither my employer or the payroll company they use cannot be responsible for the timeliness of the postal service if the check is mailed.

I **REQUEST** participation in direct deposit. I understand that my account will be pre-noted and the first payroll check I receive could be a live paycheck. I understand that it is my responsibility to verify that the correct amounts are being deposited into my accounts each pay period. I understand that in the event that Payroll Perfection, Inc. erroneously deposits funds into my account, I authorize Payroll Perfection, Inc. to debit my account for an amount not to exceed the original amount of the erroneous deposit. I understand that this direct deposit authorization will remain in force until I discontinue the service by written notice to Payroll Perfection, Inc. or by calling them at: 801-722-5239, or upon termination of my employment. I understand that it is my responsibility to notify Payroll Perfection, Inc. if the account(s) listed below change by filling out a new direct deposit authorization form.

STAPLE VOIDED CHECK HERE

ACCOUNT TYPE	BANK NAME	ROUTING NUMBER	ACCOUNT NUMBER	AMOUNT/ PERCENT
Checking <input type="checkbox"/>				Fixed Amnt _____ <input type="checkbox"/>
Savings <input type="checkbox"/>				Percent _____ <input type="checkbox"/>
Checking <input type="checkbox"/>				Fixed Amnt _____ <input type="checkbox"/>
Savings <input type="checkbox"/>				Percent _____ <input type="checkbox"/>

EMPLOYEE SIGNATURE X _____ DATE _____

SOCIAL SECURITY #:	EMPLOYEE NAME:
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