

Complete Payroll Solutions

DIRECT DEPOSIT AUTHORIZATION Form

I authorize my employer or a payroll processor on my employer's behalf to deposit any amounts owed me by initiating credit entries to my account at the financial institution (the "BANK") indicated below. Further, I authorize BANK to accept and 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 my employer and the responsibility of my employer and not that of a payroll processor, if any, and is subject to the successful collection of the funds by the processor from my employer's account. If my employer does not make available to the processor the funds that were advanced to make the deposit into my account I authorize the processor to debit my account to recover said advance. I agree to hold the processor harmless from loss and to indemnify it, limited to the amount of the deposit. I also authorize my employer or the processor, if any, 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.

I authorize you and the financial institution listed below to deposit my pay automatically to my:

Checking account Deposit Net Savings account Deposit Net
 Deposit \$ _____ Deposit \$ _____

CLIENT INFORMATION

CLIENT NO. 4755 CLIENT NAME Artisan's Asylum, Inc.

EMPLOYEE INFORMATION

NAME _____
ADDRESS _____ CITY _____ STATE _____ ZIP _____
EMPLOYEE EMAIL _____

DEPARTMENT NO. N/A EMPLOYEE NO. N/A

NAME _____

SOC. SEC. NO. _____ Date of Birth: _____

EMP. SIGNATURE _____ DATE _____ BANK NAME _____

CHECKING TRANSIT NUMBER (9 DIGITS) _____ ACCOUNT NUMBER _____

SAVINGS TRANSIT NUMBER (9 DIGITS) _____ ACCOUNT NUMBER _____

FOR OFFICE USE ONLY

Received ___/___/___ Entered ___/___/___ By _____