



DIRECT DEPOSIT AUTHORIZATION

Employee Name: _____

Social Security Number: _____

Work Site Employer Name: _____

Financial Institution Name: _____

Checking Bank Routing Number: _____ **Account Number:** _____

and/or

Savings Bank Routing Number: _____ **Account Number:** _____

Checking Amount (% / \$ amt. / net pay): _____ **Savings Amount** (% / \$ amt. / net pay): _____

I authorize DecisionHR and the financial institution named to credit my account(s) for direct deposit of payroll and, if necessary, to initiate debits or adjustments for credits made in error. I understand that under NO circumstance will DecisionHR will be responsible for any overdraft on my account nor provide reimbursement for associated fees. This authority will remain in effect until I have cancelled it in writing to DecisionHR. In consideration of receipt of each payment by direct deposit, I agree to notify DecisionHR immediately of any error in reported hours worked or paid.

Employee Signature

Date

*Please attach a voided check here (for checking accounts)

NOTE: DecisionHR is responsible for initiating the electronic deposit transaction scheduled for deposit on your pay date, which is processed through the clearing house of the Federal Reserve Bank. If for any reason beyond DecisionHR's control your funds are not available on your pay date (ie. your bank's policies, errors caused by banks or financial institutions), DecisionHR will not be responsible for any overdrafts or associated fees.