

SAGE PAYROLL SERVICES

Employee Authorization Agreement for Automatic Direct Deposits

If you are setting up a new account(s):

1. The account must be established and active at your bank before you request direct deposit.
2. Confirm the bank accepts direct deposits and verify the transit routing and account numbers.
3. For Savings accounts, you **MUST** confirm the transit routing number with your bank.
4. Notify the bank that you are going to set up direct deposit through payroll.

If you are changing an existing account(s), check the box(es) that apply and complete the appropriate items.

Add account Change account distribution Cancel account

ACCOUNT 1: A. Bank Name: _____

B. Bank Transit Routing Number:

C. Bank Account Number:

D. Checking Savings **E.** Percent _____% Fixed Amount \$ _____ Remainder

Add account Change account distribution Cancel account

ACCOUNT 2: A. Bank Name: _____

B. Bank Transit Routing Number:

C. Bank Account Number:

D. Checking Savings **E.** Percent _____% Fixed Amount \$ _____ Remainder

Add account Change account distribution Cancel account

ACCOUNT 3: A. Bank Name: _____

B. Bank Transit Routing Number:

C. Bank Account Number:

D. Checking Savings **E.** Percent _____% Fixed Amount \$ _____ Remainder

Add account Change account distribution Cancel account

ACCOUNT 4: A. Bank Name: _____

B. Bank Transit Routing Number:

C. Bank Account Number:

D. Checking Savings **E.** Percent _____% Fixed Amount \$ _____ Remainder

- ❖ I authorize my employer and the bank(s) listed above to deposit my net pay or portion thereof as indicated into my account each payday.
- ❖ If funds to which I am not entitled are deposited into my account, I authorize my employer to direct the bank to return said funds to my employer.
- ❖ I understand that my deposit may not be credited to my account until 5:00 PM on the pay date indicated on the check voucher.
- ❖ I understand that new direct deposit accounts may take up to two payroll cycles to become active.

Associate Name (Print): _____ Associate Signature: _____

Social Security #(Required): _____ Date: _____