

## Payroll Direct Deposit Authorization Form

### Authorization Agreement

I hereby authorize Premier Payroll Professionals, LLC; payroll processor for \_\_\_\_\_ to initiate automatic deposits to my account at the financial institution named below. I also authorize Premier Payroll Professionals, LLC to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Premier Payroll Professionals, LLC responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Premier Payroll Professionals, LLC receives a written notice of cancellation or until I submit a new direct deposit form.

### Account Information

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Checking

Savings

### Signature

Authorized Signature (Primary): \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Signature (Joint): \_\_\_\_\_ Date: \_\_\_\_\_

email address: \_\_\_\_\_

Please attach a voided check or deposit slip here