

UNITED AMERICAN PAYROLL

AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT DEPOSIT – ARS

EMPLOYEE NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

S.S. NUMBER: _____ DATE: _____

I hereby authorize United American Payroll, to initiate electronic entries to the below designated account each payday and to send my salary/wages to the financial institution ("BANK") named below which is authorized to deposit my salary/wages into the named account(s).

Up to four different accounts may be selected for direct deposit, and either a flat amount or a percentage of wages can go into each account. There is no cost if you want your entire check to go into one account; if desired, only complete the information for Account #1 and enter 100%. Otherwise, a fee of \$10.00 per year will be deducted from your check for each account. Total of all accounts must be 100%.

Account #1 (no cost if 100%): CHECKING SAVINGS OTHER

BANK NAME _____ BANK PHONE NUMBER _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

Dollar amount OR percentage of check to be deposited into this account: _____

Account #2: CHECKING SAVINGS OTHER

BANK NAME _____ BANK PHONE NUMBER _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

Dollar amount OR percentage of check to be deposited into this account: _____ (or balance of pay: ___)

Account #3: CHECKING SAVINGS OTHER

BANK NAME _____ BANK PHONE NUMBER _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

Dollar amount OR percentage of check to be deposited into this account: _____ (or balance of pay: ___)

Account #4: CHECKING SAVINGS OTHER

BANK NAME _____ BANK PHONE NUMBER _____

ROUTING NUMBER _____ ACCOUNT NUMBER _____

Dollar amount OR percentage of check to be deposited into this account: _____ (or balance of pay: ___)

EMPLOYEE AGREEMENT

This authorization is to remain in full force and effect until United American Payroll has received written notification from me of its termination in such time and in such manner as to afford United American Payroll and BANK a reasonable opportunity to act on it, or by my death or legal incapacity, or my ineligibility to receive said salary/wage payment(s). I may revoke this authorization only by notice to United American Payroll, but agree to notify BANK of any cancellation. Should BANK notify me of any termination of this Authorization or of my account, I will immediately notify United American Payroll of such termination. Failure to notify United American Payroll of termination of an account or providing United American Payroll with incorrect account information will result in a \$15 fee.

To change BANK to receive such salary/wage payment(s), the EMPLOYEE must complete a new Authorization Agreement with the newly selected BANK and provide United American Payroll with a copy of it. Such change in BANK will not take effect until received by and processed by United American Payroll.

With this authorization, I release United American Payroll of any liability, which might result from having my fund electronically deposited into an account I designate. I understand that I have the option of having my paycheck on the check date. I am voluntarily choosing to have my funds available through direct deposit and understand this does not guarantee deposit of my funds on the check date.

EMPLOYEE SIGNATURE: _____ DATE: _____

FOR CHECKING ACCOUNTS, ATTACH A VOIDED CHECK TO THIS FORM. IF ONE IS NOT ATTACHED, PROCESSING WILL BE DELAYED.