



5401-A South Blvd.  
Suite 287  
Charlotte, NC 28217  
Tel (704) 625-3889  
Fax (704) 525-2174  
www.payrollmatters.net

## Direct Deposit Employee Authorization

Company Name: \_\_\_\_\_

Client No.: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Employee No.: \_\_\_\_\_

I authorize my employer, \_\_\_\_\_, to deposit any amounts owed to me into my bank account(s) as indicated below. I authorize my bank to accept/allow these deposits into my account. I also authorize any debits to my account that may be required due to erroneous deposits from my employer. This authorization shall remain in effect until my employer's representative or I notify Payroll Matters in writing that this authorization is to be cancelled.

Bank Account #	Checking / Savings	Transit # (9 digits)	Amount/Net
_____	/	_____	\$ _____
_____	/	_____	\$ _____
_____	/	_____	\$ _____

**>> PLEASE ATTACH A VOIDED CHECK BANK AUTHORIZATION FOR EACH ACCOUNT <<  
>> DEPOSIT SLIPS ARE NOT ACCEPTED <<**

Please Check One:

New Direct Deposit Setup

Change to existing Direct Deposit

Please be advised that deposits are available two banking days after the payroll is processed. It will be my responsibility to verify that the deposit(s) have been properly debited to my account before writing checks against the funds for deposit. I further understand that neither my employer nor Payroll Matters is responsible for bank errors or associated fees.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

OFFICE USE ONLY: Prenote Date ____/____/____	Activation Date ____/____/____
--	--------------------------------