



Authorization Agreement for Direct Deposit

Employee / Employer Form

Employer Name

Client Number

Employee Name

All requests for direct deposit must include one of the following acceptable documentation options:

- Voided Check (from the issuing bank)
- Bank Letter (on letterhead & signed)
- Online Banking screenshot (ACH Routing & Account numbers visible)
- Deposit Slips (with ACH Routing number)

Employees must complete this form when a direct deposit is new or changing. Have more than 2 accounts? Simply complete additional forms as needed, up to the maximum of 9 accounts. *Prenote is required without acceptable documentation.*

Account #1

Status* (see System Setup Guide) Account Type

ACH Routing Number Bank Name/Description (Optional)

Sequence: Remaining Net Pay

Account Number 1 Partial* _____

Account #2

Status* (see System Setup Guide) Account Type

ACH Routing Number Bank Name/Description (Optional)

Sequence: Remaining Net Pay

Account Number 2 Partial* _____

System Setup Guide

***Prenote: Recommended!** Sends a test file to the bank to verify account is valid, *the employee will receive a live check until verified.* This can take up to 3 payroll cycles.

***Active:** Sends funds via direct deposit to the account, without testing bank accuracy. We recommend using Prenote status for all new direct deposit accounts.

Remaining Net: One direct deposit account for the entire employee net pay or the last account to receive the remaining net pay after partial direct deposits.

***1, 2, 3 [Partial]:** Used for partial direct deposits by order of importance. One being first, see below. *Can be an Amount or Percentage.*

Example: Partial 1 or Sequence 1 - \$50.00 to Savings & Sequence Remaining Net to Checking

Reminder: *This form is not complete without* a voided check, account screenshot, deposit slip, and/or banking institution letter.

Additional Notes:

I hereby authorize and request the company (hereinafter referred to as Employer) named above to make payment of any amounts owed to me by initiating credit entries to my account indicated above at the bank named above. I also authorize and request the bank to accept any credit entries initiated by my Employer to such account and to credit the same to such account without responsibility for the correctness thereof. I further authorize and request my Employer to effect repayment to my Employer for amounts owed to it because of prior erroneous credit(s) initiated to my account.

It is understood that this agreement may be terminated by me at any time by written notification to my Employer. Any such notification to my Employer shall be effective only with respect to entries initiated by my Employer after receipt of such notification and a reasonable opportunity to act on it.

I recognize, acknowledge, and accept that this service is being provided for my convenience. As such, I agree to hold my Employer, Auris Payroll Solutions, LLC. ("Auris Payroll"), each participating bank and National Automated Clearing House Association (NACHA) harmless from any claim incident to the operation of this plan, arising from any act or omission by my Employer or Auris Payroll, their employees, including without limitation, any claim based on alleged loss as a result of any non-credit of any deposit, and any claim which may be made by any depositor as a result of the rejection of any debits because of insufficient funds arising from the failure to credit deposits to his/her account.

Employee Signature Employee Print Name & Date

Client/Authorized Representative Client/Authorized Representative Print Name & Date

Internal Use Only (initial)

Entered by: _____ Date: _____

Verified by: _____ Date: _____