



Direct Deposit Authorization

Direct deposit requests must be pre-note prior to having funds deposited into your account.

Funds will be deposited into your account as follows:

Pre-note two pay periods, if weekly pay cycle.

Pre-note one pay period, if bi-weekly/semi-monthly/monthly pay cycle.

Authorization Agreement for Automatic Deposits (ACH Credits)

Client Name: _____

Employee Name: _____ SS#: _____

I (we) hereby authorize, QUICKPAY PAYROLL, LLC, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my (our) account indicated below and the depository named below, (hereinafter called DEPOSITORY), to credit and/or debit the same to such amount.

Depository (Bank) Name: _____

City: _____ State: _____ Zip: _____

Account 1

Account 2

Account #: _____ Account #: _____

Transit/ABA #: _____ Transit/ABA #: _____

Type: (Checking/Savings) Type: (Checking/Savings)

Amount: _____ Amount: _____

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Name: _____

Signed: _____ Date: _____

Please Attach a Sample Voided Check. We can Not Process Your Direct Deposit Without One. Thank You!