

Employer Instructions

Keep original for your files and fax copy to PayTime. Please allow up to 4 weeks for live direct deposit

COMPANY NAME:

EMPLOYEE NAME:

Photocopy this form and distribute a copy to each employee participating in Direct Deposit

Employee Direct Deposit Authorization Form

Account 1 will have all remaining funds (your net pay) deposited to this account. This box must be complete.

Account 2 If you would like to have a dollar amount or percentage of your pay deposited to separate savings or checking account fill in this box.

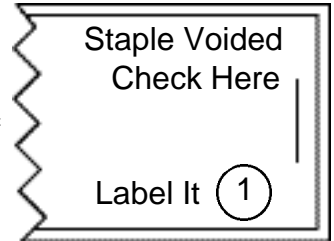
Account 3 If you would like to have a second dollar amount or percentage of your pay deposited to separate savings or checking account fill in this box.

Account One

Bank Name
Bank Address
Bank City, State & Zip
Routing & Transit No.
Account No.

Savings
 Checking

Amount for this account
REMAINDER

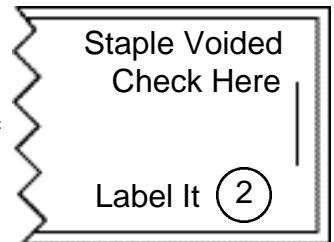


Account Two

Bank Name
Bank Address
Bank City, State & Zip
Routing & Transit No.
Account No.

Savings
 Checking

Amount for this account
\$ _____
or _____ %

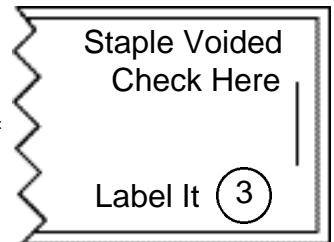


Account Three

Bank Name
Bank Address
Bank City, State & Zip
Routing & Transit No.
Account No.

Savings
 Checking

Amount for this account
\$ _____
or _____ %



I authorize my employer _____ and its Agents including Financial Institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts listed above. This authorization will remain in effect until I have informed my employer, in writing, that I wish to cancel it and my employer has had reasonable time to effect such a cancellation.

Employee Signature _____

Date _____

**3805 Cutshaw Avenue
Suite 202
Richmond, Virginia 231
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Fax 804-355-7347**