

Connecticut: (860) 677-0045
 Massachusetts: (508) 543-0045
 Rhode Island: (401) 886-4300
 South Carolina: (803) 929-0045



Authorization for Payroll Direct Deposit - Employee Form

Please attach a voided check and fax completed form to Datapay Payroll at the corresponding office.

Employer

Company name: _____ Company Number: _____

Employee

Name: _____ Emp. No. _____

Address: _____

Account One:			% or \$ of net
Select one:	Account type:	Routing Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____ %
<input type="checkbox"/> New	<input type="checkbox"/> Checking	Account Number: _____	or
<input type="checkbox"/> Change	<input type="checkbox"/> Savings	Bank Name: _____	\$ _____
<input type="checkbox"/> Additional			

Account Two:			% or \$ of net
Select one:	Account type:	Routing Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____ %
<input type="checkbox"/> New	<input type="checkbox"/> Checking	Account Number: _____	or
<input type="checkbox"/> Change	<input type="checkbox"/> Savings	Bank Name: _____	\$ _____
<input type="checkbox"/> Additional			

Account Three:			% or \$ of net
Select one:	Account type:	Routing Number: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	_____ %
<input type="checkbox"/> New	<input type="checkbox"/> Checking	Account Number: _____	or
<input type="checkbox"/> Change	<input type="checkbox"/> Savings	Bank Name: _____	\$ _____
<input type="checkbox"/> Additional			

I authorize my employer, Datapay Inc. and the financial institution listed above to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries made in error to my accounts. This authorization is effective from the date thereof and will remain in effect until revoked by me in writing or cancelled by the bank.

I understand that all transfers are made by Datapay Inc. are subject to the availability of employer funds and I authorize credit entries to be reversed if sufficient funds are not available from my employer.

Deposits are normally available two (2) banking days after payroll is processed. I understand it is my responsibility to verify all deposits each pay period before writing checks against these funds. I understand that my employer and Datapay Inc. are not responsible for any bank errors or bank fees.

EMPLOYEE: _____ Signature _____ Date	AUTHORIZED PAYROLL CONTACT: _____ Signature _____ Date
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Employee's signature alone is sufficient if a voided check is attached; if no check is attached, we require an authorized payroll contact to sign in addition to the employee.