



MISS BETTY'S DAY CAMP

Authorization Agreement for Direct Deposit

Employee Name _____

SSN# _____

I hereby authorize my employer _____ to initiate credit entries and, if necessary, debit entries and adjustments to my account or accounts listed below in the event of an erroneous deposit by my Employer. Premier Payroll Services, Inc. and its agents, including Intercept Corporation, will directly deposit my wages earned from my employer into my bank account. I understand that deposit of my earnings into my account by Premier Payroll Services, Inc. and its agents may be an advance of funds on behalf of my Employer, which is subject to the successful collection of these funds by Premier Payroll Services, Inc. and its agents from my employer's bank. If, within 30 days, my Employer does not make available to Premier Payroll Services, Inc. and its agents the funds that were advanced to make the deposit into my account, I authorize Premier Payroll Services, Inc. and its agents to charge my account to recover said advance. I also authorize Premier Payroll Services, Inc. and its agents to debit my account if an amount of money was transferred to my account by mistake. I agree to hold Premier Payroll Services, Inc. and its agents harmless from loss and to indemnify it, limited to the amount of deposit. This authorization is to remain in full force and effect until my Employer has received written notification from me of its termination in such time and manner as to afford my Employer a reasonable opportunity to act on it.

Date _____

Employee's Signature _____

DIRECT DEPOSIT WILL NOT OCCUR UNLESS THIS FORM IS SIGNED AND VOID CHECK(S) ARE ATTACHED

Bank Account 1

Name of Bank or Credit Union

Checking Percent of **Net Pay** amount _____%

Routing and Transit Number

Savings **Fixed Amount** _____ **or**
Percent of **Net Pay** amount _____%

Account Number

ATTACH COPY OF VOID CHECK

Bank Account 2

Name of Bank or Credit Union

Checking Percent of **Net Pay** amount _____%

Routing and Transit Number

Savings **Fixed Amount** _____ **or**
Percent of **Net Pay** amount _____%

Account Number

ATTACH COPY OF VOID CHECK

Bank Account 3

Name of Bank or Credit Union

Checking Percent of **Net Pay** amount _____%

Routing and Transit Number

Savings **Fixed Amount** _____ **or**
Percent of **Net Pay** amount _____%

Account Number

ATTACH COPY OF VOID CHECK