



**Direct Deposit
Employee Authorization and Agreement**

Company Name

Employee Name

I authorize my employer as noted above, PaySmart, LLC, and all financial institution(s) involved in each transaction to deposit my pay automatically to the indicated account(s) and to make adjusting entries including the removal of funds if the employer does not make them available, in which case, I waive any rights I may have to return debit entries to my account and I personally guaranty the return of the funds in question.

Bank/Credit Union Name Routing Number Account Number CKG SVG

Bank/ Credit Union Name	Type Circle One	Routing Number	Account Number
	CKG or SVG		

FAX to 888.583.3110

Or

E-MAIL to info@paysmartpayroll.com

Please attach a voided check here

Deposits are normally available two (2) banking days after payroll is processed. It is my responsibility to verify deposits on a per pay period basis before writing checks against these funds. This Authorization is normally effective on the next payroll but may take up to two (2) pay periods to activate. I understand that neither my employer, PaySmart, LLC, or PaySmart's designated banking institution(s) are responsible for bank errors or bank fees. Direct Deposit Financial services are provided in accordance with PaySmart's Direct Deposit Agreement and the limitations and restrictions of the National Automated Clearing House Association. I may cancel these Direct Deposit(s) at any time.

Signature

Date