



EMPLOYEE DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Employee Name (PRINT): _____

I hereby authorize my employer (Name of business) _____
and Netpay Payroll, Inc. to initiate credit entries AND/OR if necessary, to initiate debit entries and adjustments to correct any entries
made in error to my account(s) listed below. You may enter up to (2) accounts below to deposit funds.

1. ACCOUNT TYPE

☐ Checking ☐ Savings

Name of Financial Institution

Routing and Transit Number

Account Number

☐ Entire Net Pay or ☐ Percentage of Net Pay _____ %
or ☐ Flat Amount \$ _____

2. ACCOUNT TYPE

☐ Checking ☐ Savings

Name of Financial Institution

Routing and Transit Number

Account Number

☐ Entire Net Pay or ☐ Percentage of Net Pay _____ %
or ☐ Flat Amount \$ _____

*Please complete this form and submit a
VOIDED CHECK HERE.*

*If you do not have a **VOIDED CHECK**,
you may submit a direct deposit form from your financial institution
along **WITH** this form. Your bank form must include a
TYPED ACCOUNT NUMBER & ROUTING NUMBER.*

If more than 1 account, attach 2nd voided check on a separate page.

This authorization is to remain in full force and effect until Netpay Payroll, Inc. has received written notification from me of its
termination in such time and manner as to afford Netpay Payroll, Inc. a reasonable opportunity to act on it.

Signature of Account Holder: _____

Date: _____