

Employer's Resource Group, Inc.

DIRECT DEPOSIT PAYROLL AUTHORIZATION / ENROLLMENT
Authorizing direct deposit of payroll checks to my bank or credit union.

ATTN: PAYROLL DEPARTMENT

Please accept this letter as your authorization to deposit all payroll checks directly to my individual bank account. I understand that there will be a pre-note deposited for the first one or two paychecks to ensure accuracy of routing and account numbers that I have provided.

I understand this service is provided as a convenience to me. The Company shall have no responsibility for the bank's failure to make the deposit or for any bank charges relating to the deposit. The Company's liability is limited to the prompt payment of the amount of the net pay.

I understand it is my responsibility to inform the Payroll Department of any monies deposited to my account by the Company, which I have not earned and are not due to me, and that I am liable to the Company for all such monies.

_____ Bank Name	_____ Employee Number (Office Use Only)
_____ Street Address	_____ Bank Routing/Transit Number
_____ City, State, Zip	_____ Bank Account Number
() _____ Bank Phone Number	<input type="checkbox"/> Checking <input type="checkbox"/> Savings

EMPLOYER

DIVISION #

EMPLOYEE PRINTED NAME

SS#

EMPLOYEE SIGNATURE

DATE

NOTE: ATTACH A VOIDED CHECK TO THIS FORM (A DEPOSIT SLIP WILL NOT SUFFICE IN LIEU OF A CHECK).

Do not alter any pre-printed bank information

ATTACH VOIDED CHECK HERE