



BusinessWorks Inc Payroll

BUSINESSWORKS INC.
ACCOUNTING & BOOKKEEPING

Direct Deposit Authorization

Employee: Fill out and return

Employer: Save for your files

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Employees must attach a voided check for their account to help verify their account number and bank routing number.

Account information _____

Bank Name _____

Account type: Checking Savings

Bank Routing Number _____

Account Number _____

Email address _____

A confirmation of bill payment will be sent to the email address listed above.

attach a voided check here

Authorization _____

This authorizes _____ (the "company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method to my (our) accounts indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. The authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature _____

Date _____

Printed Name _____