Authorization Agreement for Direct Deposits

_____
(Employer's Name)

I (we) hereby authorize and request **Advanced Payroll Plus, Inc.**, hereinafter called **APP**, to make payment of any amounts owing to me (either of us) by initiating credit entries to my (our) account indicated below in the bank named below, hereinafter called **BANK**, and I (we) authorize and request **BANK** to accept any credit entries initiated by **APP** to such account and to credit the same to such account without the responsibility for the correctness thereof. In the event of an overpayment or payment in error, I (we) hereby authorize **APP** to initiate debit entries to my (our) account in the amount of such payment in error.

Bank Name: _____

Bank Address: _____

_____

_____

It is understood that this agreement may be terminated by me (either of us) at any time by written notification to **APP** or **BANK**. Any such notification to **APP** shall be effective only with respect to entries initiated by **APP** after receipt of such notification and a reasonable opportunity to act on it. Any such notification to **BANK** shall be effective only with respect to entries credited to my (our) account by **BANK** after receipt of such notification and a reasonable time to act on it.

Employee Name: _____
(Please Print)

Date: ____/____/____

Signature: _____

Depositor account number information: (to be used for electronic funds transfer)

Transit Routing Number

Transit/ABA Check Digit Designed by Federal Reserve

Account Number Information

Please check one CHECKING ☐ SAVINGS ☐

☐ Specific Amount $_____ ☐ Deposit **Net Amount** of Check