

Paytime, Inc. EMPLOYEE DIRECT DEPOSIT AUTHORIZATION AGREEMENT ENROLLMENT FORM (ACH CREDITS & DEBITS)

COMPANY NAME _____

EMPLOYEE NUMBER _____

EMPLOYEE NAME _____

SOCIAL SECURITY # _____

I hereby authorize my employer, _____, (the "COMPANY"), to deposit any amounts owed to me by initiating credit entries to my account at the financial institution (the "BANK") indicated below. Further, I authorize BANK to accept and credit entries indicated by COMPANY to my () Checking () Savings account (**select one**). I authorize COMPANY to debit my account in the event of a credit which should not have been made for an amount not to exceed the original amount of the erroneous credit.

Complete Section 1 and/or Section 2

SECTION 1 – CHECKING ACCOUNT: Attach a Voided Check

BANK NAME _____ City _____ State _____
I wish to deposit \$ _____ .00 or _____ Entire Net Pay

Attach voided check here
The numbers on the bottom of your voided check are used to make the electronic funds transfer directly to your account

SECTION 2 – SAVINGS ACCOUNT: Call your Bank to obtain the following information:

BANK NAME _____ City _____ State _____
I wish to deposit \$ _____ .00 or _____ Entire Net Pay

(Please Complete the Following)

BANK /ROUTING OR TRANSIT NUMBER _____ (THIS MUST BE 9 DIGITS)

EMPLOYEE SAVINGS ACCOUNT NUMBER _____

This authority is to remain in full force and effect until COMPANY and BANK have received written notification from me of its termination in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

EMPLOYEE SIGNATURE _____ Date _____

A COPY OF THIS AGREEMENT MUST BE GIVEN TO THE EMPLOYEE

NOTE: ALL WRITTEN DEBIT AND CREDIT AUTHORIZATIONS MUST PROVIDE THAT THE EMPLOYEE MAY REVOKE THE AUTHORIZATION ONLY BE NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.