

Authorization for Direct Deposits Employee Form

This authorizes AccruePartners to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account indicated below and to other accounts I identify in the future. This authorizes the financial institution holding the account to post all such entries.

I understand that if the information I provided was incorrect or if my account has been closed, AccruePartners is not responsible for funds not deposited. I understand that AccruePartners will not be notified of invalid bank accounts until five business days after the check date. It is my responsibility to provide accurate account information and I am aware that if an incorrect bank account is provided, funds will not be redistributed until the following pay period.

Account #1

ACCOUNT TYPE (e.g. Checking or Savings) _____
ROUTING NUMBER _____
ACCOUNT NUMBER _____
AMOUNT (optional) _____

Account #2

ACCOUNT TYPE (e.g. Checking or Savings) _____
ROUTING NUMBER _____
ACCOUNT NUMBER _____
AMOUNT (optional) _____

This authorization will be in effect until AccruePartners receives a written termination notice from myself and has a reasonable opportunity to act on it.

Signature

Printed Name

Date

