

EMPLOYEE DIRECT DEPOSIT
AUTHORIZATION
AGREEMENT



Client Name: _____ Employee Name: _____ SSN: _____

Employee Email Address: _____

Account Type (Checking/Savings)	Routing/Transit Number	Account Number	Full Net Deposit	Partial Deposit	
				\$	%
_____	_____	_____	<input type="checkbox"/>	_____	_____
_____	_____	_____	<input type="checkbox"/>	_____	_____

****A voided check or bank letter containing typed account information is required for all Direct Deposit set ups. Hand written account information cannot be accepted.**



I (we) hereby authorize and request the COMPANY, to make payment of any amounts owing to me (either of us) by initializing 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 COMPANY to such account and to credit the same amount without responsibility for the correctness thereof.

I (we) authorize and request COMPANY to effect repayment to COMPANY for amounts owed it because of a prior erroneous credit initiated to my (our) account if prior to the correcting entry, the COMPANY has sent or delivered to me written notice of the correction and the reason thereof; and the correcting entry is transmitted in such time as to be delivered or made available to BANK before midnight of the tenth day next following settlement for the erroneous entry.

It is understood that this agreement may be terminated by me (either of us) at any time by written notification to COMPANY or BANK. Any 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.

I (we) recognize, acknowledge and accept this service is being provided for my (our) convenience. As such, I (we) agree to hold the COMPANY, Crescent Payroll Solutions, LLC, each participating bank and NACHA harmless from any claim incident to the operation of this plan, arising from any act or omission by the COMPANY and/or Crescent Payroll Solutions, LLC. and their employees, including without limitation any claim based on alleged loss as a result of non-credit of any deposit, and any claim which may be made by any depositor as a result of the rejection of any of his/her debits because of insufficient funds arising from the failure to credit deposits to his/her account.

Employee
Signature: _____

Date: _____

Co-Owners
Signature: _____

(Account holder if not
employee)

Date: _____