

## EMPLOYEE DIRECT DEPOSIT AUTHORIZATION AGREEMENT [ACH CREDITS & DEBITS]

☐ Revoke Authorization  
Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

ID #: \_\_\_\_\_

I authorize my employer or a payroll processor on my employer's behalf to deposit any amounts owed 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 CORNERSTONE PEO to my account. I acknowledge the deposit of any amount is an advance of funds on behalf of my employer and the responsibility of my employer and not that of a payroll processor, if any, and is subject to the successful collection of the funds by the processor from my employer's account. If my employer does not make available to the processor the funds that were advanced to make the deposit into my account. I authorize the processor to debit my account to recover said advance. I agree to hold the processor harmless from loss and to indemnify it, limited to the amount of the deposit. I also authorize my employer or the processor, if any, 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.

## ACCOUNT 1

I wish to deposit (select one):    Entire Net Pay    or    \$\_\_\_\_\_.00    or    \_\_\_\_\_% of Net Pay

**If you wish to have funds deposited into more than one account, please complete the Account 2 section below:**

## ACCOUNT 2

I wish to deposit (select one):      Entire Net Pay    or      \$      .00    or      % of Net Pay

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**ATTACH VOIDED CHECK**

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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 BY NOTIFYING THE ORIGINATOR IN THE MANNER SPECIFIED IN THE AUTHORIZATION.**