



**Direct Deposit
Employee
Authorization**

Employee Name

Company Name

I authorize the above-named Employer, Time 4 Payroll and the financial institution(s) listed below to deposit my pay automatically to the indicated account(s) and to make adjusting entries as may be required.

TAPE VOIDED CHECK HERE

It is my responsibility to verify deposits on a per pay period basis before writing checks against these funds. This Authorization can take up to three pay periods to activate. I understand that neither my employer or Time 4 Payroll is responsible for bank errors or fees. I may cancel this Direct Deposit(s) at any time.

Employee Signature

Date