



Employee Direct Deposit Payee Authorization Form SC(6)

PAYROLL MANAGER:

Please complete this section and send a copy to your CompuPay office or fax this form to your CompuPay Specialist (Please print)

Account #	Company Name	Date
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To enroll in Full Service Direct Deposit, simply fill out this form and give it to your payroll manager. **Attach a voided check for each checking account - not a deposit slip.** If depositing into a savings account, ask your bank to give you the Routing/Transit Number for your account. It isn't always the same as the number on a savings deposit slip. This will help ensure that you are paid correctly.

Important! Please read and sign before completing and submitting.

I hereby authorize CompuPay to deposit any amounts owed me as instructed by my employer by initiating credit entries to my accounts at the financial institutions (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by CompuPay to my accounts. In the event that CompuPay deposits funds erroneously into my account, I authorize CompuPay to debit my account for an amount not to exceed the original amount of the erroneous credit account. I further authorize CompuPay to debit my account in the event my employer does not provide funds to cover credits initiated by CompuPay.

This authorization is to remain in full force and effect until CompuPay and Bank have received written notice from me of its termination in such time and in such manner as to afford CompuPay and Bank reasonable opportunity to act on it.

Employee Name: _____ Social Security #: _____

Employee Signature: _____ Date: _____

Account Information

Make sure to indicate what kind of account, along with the amount to be deposited if less than your total net paycheck.

A C C T 1	Bank Name	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	
	Routing/Transfer #	Account #	Amount to deposit \$ _____ or <input type="checkbox"/> Balance of Net
A C C T 2	Bank Name	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	
	Routing/Transfer #	Account #	Amount to deposit \$ _____ or <input type="checkbox"/> Balance of Net
A C C T 3	Bank Name	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	
	Routing/Transfer #	Account #	Amount to deposit \$ _____ or <input type="checkbox"/> Balance of Net
A C C T 4	Bank Name	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	
	Routing/Transfer #	Account #	Amount to deposit \$ _____ or <input type="checkbox"/> Balance of Net
A C C T 5	Bank Name	Account Type <input type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Other	
	Routing/Transfer #	Account #	Amount to deposit \$ _____ or <input type="checkbox"/> Balance of Net

Below is a sample check MICR line, detailing where the information necessary to complete the form can be found.

Memo _____		
I: 012345678 I:	123456789	0101
Routing/Transit # (A 9-digit number always between these two marks)	Checking Account #	Check # (this number matches the number in the upper right corner of the check-- not needed for sign-up)

ATTENTION PAYROLL MANAGER:

Employers must keep each original employee enrollment form on file as long as the employee is using FSDD, and for two years thereafter.