



25115 Country Club Blvd
North Olmsted, OH 44070
877-729-2968 phone
877-729-6300 fax

Authorization Agreement for Direct Deposit

Employer Name: _____ Client #: _____

Employee Name (Please Print): _____

I hereby authorize The Heartland Payroll Company to initiate credit entries for payroll to my:

_____ **Checking** _____ **Savings** account(s) indicated below.

I further authorize debit entries or adjustments in the event of an error in connection with my payroll

Checking Account:

Bank: _____ Branch: _____

City: _____ State: _____ Zip: _____

Account Number: _____ ABA Number: _____

Comments: _____

Savings Account:

Bank: _____ Branch: _____

City: _____ State: _____ Zip: _____

Account Number: _____ ABA Number: _____

Comments: _____

This authorization is to remain in full force and effect until canceled by me. In the event of said cancellation, I agree to do so in writing and to deliver same to both my employer and The Heartland Payroll Company.

Signature

Date

Please attach a copy of a voided check for each direct deposit account