



## DIRECT DEPOSIT OF PAYROLL

Authorization Agreement For Automatic Deposits

**COMPANY NAME:** \_\_\_\_\_

The undersigned hereby authorizes Ohio Payroll Plus, LLC, and/or its authorized agents, to initiate credit/debit entries for payment of payroll, and if necessary, adjusting credit/debits for entries made in error or entries requiring reversals due to returned items to the account of the undersigned. All such entries shall be made to the account indicated below and the depository named below is hereby authorized to credit and/or debit the same to or from said account.

**BANK:** \_\_\_\_\_

**CITY:** \_\_\_\_\_ **STATE:** \_\_\_\_\_ **ZIP:** \_\_\_\_\_

**ACCOUNT #** \_\_\_\_\_

**ROUTING #** \_\_\_\_\_

**CHECKING:** \_\_\_\_\_ **SAVINGS:** \_\_\_\_\_ **AMOUNT:** \_\_\_\_\_

This authorization is to remain in effect until the undersigned has provided written authorization to Ohio Payroll Plus for its termination at such time and in such manner as to afford its agents and Depository a reasonable opportunity to act on it. The undersigned represents and warrants that it is authorized and empowered to execute this authorization for the purposes specified herein and indemnifies and holds Ohio Payroll Plus, LLC, and its agents harmless from any damage, loss or claim resulting from Company's authorized actions hereunder.

**NAME:** \_\_\_\_\_ **EMPLOYEE SSN:** \_\_\_\_\_

**SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

**PLEASE ATTACH A VOIDED OR CANCELLED CHECK FOR  
ROUTING AND ACCOUNT NUMBER INFORMATION**