



1005 NW Galveston, Ste 210
Bend OR 97701
(541) 317-0100

EMPLOYEE AUTHORIZATION
DIRECT DEPOSIT INFORMATION

PLEASE INDICATE THE AMOUNT YOU WOULD LIKE DIRECT
DEPOSITED TO YOUR ACCOUNT(S)

ACCOUNT #1 \$ _____ Checking [] Savings []
ACCOUNT #2 \$ _____ Checking [] Savings []
ACCOUNT #3 \$ _____ Checking [] Savings []

I hereby authorize PRECISELY PAYROLL, INC. to deposit my payroll check directly to my bank account. I also authorize the withdrawal of any over deposited funds from my account, or to return the over deposit personally (at PRECISELY PAYROLL discretion). I also understand it is my responsibility to verify the availability of my funds prior to writing checks against them and am responsible; therefore, PRECISELY PAYROLL assumes no responsibility for any charges incurred due to delayed deposits beyond its control.

EMPLOYEE SIGNATURE

DATE

PRINT NAME

PLEASE ATTACH A VOIDED CHECK (for Checking only)
FOR EACH ACCOUNT:

I hereby certify that I am a duly authorized official fully empowered to legally bind the below-referenced employer. By signing as the Authorizing Official below, I, as an agent of the below employer, hereby authorize PPI to initiate ACH credit entries to the financial account listed above and to initiate, if and when necessary, debit entries and adjustments to the financial account listed above for any credit entries effectuated in error.

COMPANY NAME: _____

AUTHORIZING OFFICER: _____