

PRECISELY PAYROLL, INC.

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. 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:

COMPANY NAME: _____

AUTHORIZING OFFICER: _____

PRECISELY PAYROLL, INC.
431 NW Franklin Ave, Suite 1
BEND, OR 97701
(541)-317-0100

For additional forms go to <http://www.preciselypayroll.com/> under the Forms button.