



Corporate Payroll Services

Authorization Agreement for Direct Deposit Employees

For direct deposit employees, this Authorization Agreement along with voided check(s) or deposit ticket(s) must be received a minimum of 5 banking days before the first direct deposit pay date. This Authorization Agreement may be initially faxed or sent to us along with a copy of a voided check or deposit slip for each account. If a deposit slip is used, verify that the bank routing number is correct for ACH direct deposits.

Employee Name _____ Employee ID # _____

Company Name _____ Cust. ID # _____

Corporate Payroll Services cannot set up direct deposits for "credit only" accounts. These accounts do not allow debit entries, which are necessary for voiding and reissuing checks. Corporate Payroll Services does not offer direct deposit of funds to either a foreign bank or a U.S. financial institution where the entire amount will be forwarded to a bank account in another country. If either situation applies to you, do not complete this form.

If you only have one account, simply write 100 next to the % sign in the first row. You may choose up to 4 accounts into which your net pay is deposited. Please enter either a dollar amount or a percentage for all accounts. If you choose the Dollar method, all remaining amounts will be directed to the first account listed below. If using the Percentage method, the total of the percentages must equal 100%.

\$ All Remaining OR _____ %* Bank Name _____ Checking _____ Savings _____

Routing _____ Acct# _____

\$ _____ OR _____ %* Bank Name _____ Checking _____ Savings _____

Routing _____ Acct# _____

\$ _____ OR _____ %* Bank Name _____ Checking _____ Savings _____

Routing _____ Acct# _____

\$ _____ OR _____ %* Bank Name _____ Checking _____ Savings _____

*Total of ALL % amounts must = 100 Routing _____ Acct# _____

I hereby authorize Corporate Payroll Services, its agents and the bank named above to initiate credit and any necessary adjusting debit entries to my account(s) indicated above. This Authority is to remain in effect until Corporate Payroll Services and the bank have received written notice from me of its termination in such time and manner as to afford Corporate Payroll Services and the bank a reasonable opportunity to act on it.

Signature _____ Date ____/____/____

Please email my direct deposit stub to: _____

You will receive an email from ck.stub@corpay.com when we enter your address in our system and for your direct deposit advice each payday. Your stub will be protected with a secure email password.

Staple copy of voided check(s) to this form when sending originals

	Atlanta	Charlotte	Chicago	Philadelphia	Washington DC
Phone:	770.446.7289	704.827.0901	630.368.1975	215.244.2580	301.610.9410
Fax:	770.263.6433	704.827.8555	630.368.1976	215.244.2581	301.610.9411

For office use only: Entered by _____ Date _____ Email entered? Y N Notes: _____
Verified by _____ Date _____ Email verified? Y N Notes: _____