



Direct Deposit Authorization Form

I (we) hereby authorize ePay Business Solutions, Inc., hereafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit entries and adjustments for credit entries in error to my (our) checking or savings account(s) indicated below and Depository named below, hereafter called DEPOSITORY, to credit and/or debit the same to such account(s).

Company Name: _____

Employee ID#: _____

Employee Name: _____

I authorize ePay Business Solutions and the financial institution listed below to deposit my pay automatically into the following account(s):

Depository Bank Name: _____

Transit/Routing/ABA Number: _____

Personal Account Number: _____

_____ Savings

_____ Deposit Net

_____ Deposit \$ _____

_____ Checking

_____ Deposit Net

_____ Deposit \$ _____

****Please include a voided check/deposit slip with enrollment form****

Employee Signature: _____

Employee E-Mail Address: _____