



**EMPLOYEE AUTHORIZATION  
DIRECT DEPOSIT INFORMATION**

**Please indicate the DOLLAR AMOUNT or PERCENTAGE AMOUNT, you would like direct deposited to each account.**

ACCOUNT #1 \$ or % _____	Checking	Savings
ACCOUNT #2 \$ or % _____	Checking	Savings
ACCOUNT #3 \$ or % _____	Checking	Savings

I hereby authorize PAYROLL SPECIALTIES 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 PAYROLL SPECIALTIES discretion). I also understand it is my responsibility to verify the availability of my funds prior to writing checks against them. PAYROLL SPECIALTIES assumes no responsibility for any charges incurred due to delayed deposits beyond its control.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
EMAIL ADDRESS

\_\_\_\_\_  
PRINT NAME

\_\_\_\_\_  
DATE

**PLEASE ATTACH A VOIDED CHECK or A FORM FROM YOUR BANK THAT SHOWS THE ROUTING AND ACCOUNT NUMBER FOR EACH ACCOUNT:**  
*There will be a \$5.00 charge added to your paycheck if your direct deposit comes back as a result of closed or inactive deposit account.*

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

AUTHORIZING OFFICER: \_\_\_\_\_

**Medford Office**

**Phone:** (541) 772-0100 **Fax:** (541) 770-3272  
2021 Commerce Dr., Suite 100  
Medford, OR 97504

**Eugene Office**

**Phone:** (541) 359-1214 **Fax:** (541) 359-1216  
29345 Airport Rd., Suite C  
Eugene, OR 97402