

Payroll Direct Deposit Authorization Form

To assure prompt and accurate processing of your request, please return this form to your employer.

**Complete this Section for any/all Direct Deposit Requests.
Then Check box below & complete that section**

Employer Name

Employee Name

SSN

To Enroll in Direct Deposit, check box, attach voided check, & complete: (deposit slips not acceptable)

Bank Name

Routing Number

Account Number

Authorization – I hereby authorize PayPro Administrators and my Bank, as indicated on the attached check, to initiate entries into my designated account.

If my Bank is ever notified by PayPro Administrators that funds, to which I am not entitled to, have been erroneously deposited into my account, I authorize my Bank to return such funds to PayPro Administrators. I further understand that it is my responsibility to check my account for approved reimbursements. If I have not received by Direct Deposit reimbursement within 10 business days, I must notify PayPro Administrators of the missing reimbursement within 30 days. If PayPro is not notified within this time frame, PayPro Administrators will attempt to recover the missing funds, but replacement of said funds cannot be guaranteed.

Signature

Date

*To Change Your Bank & Direct Deposit, check box & attach voided check: (deposit slips not acceptable)
(Complete the top section of this form)*

Bank Name

Routing Number

Account Number

Authorization – I hereby authorize PayPro Administrators and my Bank, as indicated on the attached check, to initiate entries into my designated account.

If my Bank is ever notified by PayPro Administrators that funds to which I am not entitled to have been erroneously deposited into my account, I authorize my Bank to return funds to PayPro Administrators.

Signature

Date

*To Cancel Direct Deposit, check box & complete below.
(also complete the top section of this form)*

My signature below indicates that I wish to cancel direct deposits. I understand that a 30 day notice is necessary, prior to the cancellation date.

Signature

Date



800-427-4549 . 951-656-9273 . Fax 951-656-9276

6180 Quail Valley Court, Riverside, CA 92507

www.pagroup.us . Email customerservice@pagroup.us

Rev. 3/19