



408 Main Ave SW
Cullman, AL 35055
256-734-6911
payroll@payrollmyway.com

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT

Company Name: _____ Date: _____

Employee Name: _____ Employee #: _____

To be completed by Employee: I hereby authorize Legacy Payroll & Benefit, LLC to initiate credits to my bank account indicated below and the bank named below to credit the amounts of such entries to said account. It is further agreed that Legacy Payroll & Benefit, LLC is also authorized to initiate debits to the same account for the purpose of processing a stop payment or correction on a previously issued deposit should such a stop payment or correction become necessary.

Automatic deposits will begin ten days after receipt of authorization and will continue until Legacy Payroll & Benefit, LLC has received written notice from the employee of its termination. Written notice of termination should be provided at least thirty (30) days prior to termination.

Deposits are normally available two (2) banking days after payroll is processed. It is my responsibility to verify deposits on a per pay period basis before writing checks against these funds. I understand that neither my employer nor Legacy Payroll & Benefit, LLC is responsible for bank errors or bank fees.

<input type="checkbox"/> New Account: Routing #: _____ Account #: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank Name: _____ <input type="checkbox"/> Primary Account (net pay/remainder)
<input type="checkbox"/> Additional Account: Routing #: _____ Account #: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank Name: _____ Fixed Amount: \$ _____ or Percentage: _____%
<input type="checkbox"/> Change Account: Routing #: _____ Account #: _____ <input type="checkbox"/> Checking <input type="checkbox"/> Savings Bank Name: _____ <input type="checkbox"/> Replace Primary Account (net pay/remainder) OR <input type="checkbox"/> Update Additional Account: Fixed Amount: \$ _____ or Percentage: _____%

Authorizing Individual: _____ Signature: _____

Voided Check Copy or Bank Letter Required for Verification.
Please return completed form to your Payroll/HR department.