

# Direct Deposit Form

Company Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

I authorize Infiniti HR, National Payment Corp (Nat Pay) and all financial institution(s) involved in each transaction to deposit my pay automatically to the indicated account(s) and to make adjusting entries including the removal of funds if the employer does not make them available, in which case, I waive any rights I may have to return debit entries to my account and personally guaranty the return of the funds in question.

BANK / CREDIT UNION <i>Routing Number</i>	STATE	TYPE <i>(Circle One)</i>	AMOUNT	ACCOUNT NUMBER
		<input type="radio"/> Checking <input type="radio"/> Saving		
		<input type="radio"/> Checking <input type="radio"/> Saving		
		<input type="radio"/> Checking <input type="radio"/> Saving		

**Please Check One:**

- New or Additional Direct Deposit
- Change the Bank or Account Number on an Existing Direct Deposit Account  
Number to Be Replaced: \_\_\_\_\_
- Change the amount of an existing Direct Deposit  
Amount was: \_\_\_\_\_ Amount Scottchanged to: \_\_\_\_\_
- Other (Please Explain):  
\_\_\_\_\_  
\_\_\_\_\_

**Please Attach a Voided Check for the Direct Deposit Bank Account as Verification for Each Request.**

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. This Authorization can take up to three (3) pay periods to activate. I understand that neither Infiniti HR nor Nat Pay is responsible for bank errors or bank fees. Direct Deposit Financial services are provided in accordance with Infiniti HR's Direct Deposit Agreement, National Payment Corp (Nat Pay) Power of Attorney/Guaranty/Terms and Conditions and the limitations and restrictions of the National Automated Clearing House Association. I may cancel these Direct Deposit(s) at any time.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date