



Employee Direct Deposit Authorization

Please complete this form, attach a copy of a personal check (or a voided check), and then give these to _____, your company contact person.

Attached is a photocopy of a check

Employee's First Name and Last Name : _____ (please print)

Last Four Digits of my Social Security #: xxx - xx - ____ ____ ____ ____

I Hereby Authorize My Employer, _____, and their outside payroll service provider:

TO: Start, Change Automatic Payroll Deposit Bank Account, OR Stop

EFFECTIVE: Immediately (changes generally take 2 weeks to implement)

OR Effective Date: _____ (Mo/Day/Year)

I authorize direct deposits of my paychecks be made to (to Credit my): Checking Savings

Routing # Account #
(9 digits)

My employer and their outside payroll service provider may send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account. This authorizes the financial institution holding the Account to post all such entries. This authorization is to remain in effect until you receive written notification from me of its termination.

I understand that any changes may take up to 2 weeks to implement.

X _____
Signature of Employee Date

*Note: The first direct deposit will occur within one to two paychecks after submitting this Authorization for Automatic Payroll Deposit, depending on your company's processing schedule. You will receive a pay stub from your company (instead of a paycheck) informing you of your paycheck details and the amount of the net deposit. The deposit on your bank account may read "AccountAbility QuickBooks".

	date	initials
Request Received by Employer	_____	_____
Request Received by AccountAbility	_____	_____

ACCOUNTABILITY SOLUTIONS, LLC
218 - 822 - 7297
FAX: 815-927-0232
payroll@accountabilitysolutions.net
www.AccountAbilitySolutions.net
16044 Ahrens Hill Rd
Brainerd MN 56401



Employer Direct Deposit Authorization

Employer/Client Name: _____

Employer Federal Employer Id. Number:

Employer Banking Information: Attached is a photocopy of a check
I, as an agent for the Employer, authorize AccountAbility Solutions, LLC
to electronically debit and/or credit the following Bank Account for:

- a) Payroll Tax Obligations
AccountAbility Solutions will provide five (5) business days notice, whenever possible, of the amounts that will be deducted for Payroll Tax Obligations
- b) Employee Paycheck Direct Deposits
- c) Related Direct Deposit Fees to Intuit/QuickBooks. Expected fees are 99¢/paycheck

Routing # (9 digits) Account #

Use this Bank Account for the payroll check date effective _____.

[The Bank Account can generally be changed with eight (8) business days written advance notice; Federal payroll deposits might require a manual deposit following a change in accounts.]

Direct Deposit Authorization:

We wish to offer Direct Deposit to our employees.

I hereby authorize AccountAbility Solutions to electronically debit and/or credit our payroll bank account named above for Employee Paycheck Direct Deposit transactions.

I understand that:

- initial set up and any subsequent changes to the bank account requires eight (8) business days written advance notice to AccountAbility Solutions. I understand that Intuit/QuickBooks will make two small deductions (less than \$1.00 each) from my bank account during the set up process.
Please notify AccountAbility Solutions of these amounts.
- any payroll reporting requires a minimum of four (4) business days notice prior to the payroll date to AccountAbility Solutions.
For example, if pay date is _____, notice date needs to be _____ or sooner.
- Direct Deposit amounts will be deducted from the employer's bank account one business day before the payroll date.
- AccountAbility Solutions will provide one (1) business day notice, whenever possible, of the amounts that will be deducted for Direct Deposits of employees' paychecks.

Name (Print) _____

Employer Signature

Title _____

Date _____

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*Received by AccountAbility Solutions, LLC
by _____ date _____
Notified of Initial Deduction Amounts:
date _____ ¢ _____ ¢*