

DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Company Name: _____ Company ID# _____

Employee Instructions:

- 1) Complete the Employee Information below.
- 2) Complete the Direct Deposit section.
- 3) Sign at the bottom of the form.

Retain a copy of this form for your records and return the original to your employer.

Employer Instructions:

- 1) Complete the Employer Information below.
- 2) Return this form to the Payroll Link, Inc. office.

EMPLOYEE INFORMATION - Required
Employee Name (Please Print): _____
Social Security Number: _____

EMPLOYER INFORMATION - Required
Client Name (Please Print): _____
Federal ID #: _____

DIRECT DEPOSIT

I would like my wages/salary deposited to the following bank account(s):

Bank Account # 1
Type: Checking Savings
ABA/Routing #: _____
Account #: _____

I wish to deposit (please check one):
 Entire Net Pay
 _____ % of Net
 Specific Dollar Amount: \$ _____ .00

Please attach one of the following (check one):
 Voided Check
 Bank Letter or Specification Sheet*
*See your local bank representative

Bank Account # 2
Type: Checking Savings
ABA/Routing #: _____
Account #: _____

I wish to deposit (please check one):
 Entire Net Pay
 _____ % of Net
 Specific Dollar Amount: \$ _____ .00

Please attach one of the following (check one):
 Voided Check
 Bank Letter or Specification Sheet*
*See your local bank representative

I hereby authorize my employer, _____ (hereinafter COMPANY), to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter BANK) indicated above. Further, I authorize BANK to accept and to credit any credit entries indicated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.

For my convenience, I request that Payroll Link, Inc. (hereinafter Payroll Link) directly deposit my wages/salary earned from my employer, into my bank account. I understand that deposit of my earnings into my account by Payroll Link may be an advance of funds on behalf of my employer, which is subject to the successful collection of these funds by Payroll Link from my employer's bank. If, within 30 days of Payroll Link making the deposit into my account, my employer does not make available to Payroll Link the funds that were advanced to make the deposit into my account, I authorize Payroll Link to charge my account to recover said advance. I agree to hold Payroll Link harmless from loss and to indemnify it, limited to the amount of the deposit.

Any dispute arising out of or in connection with this agreement, if not otherwise resolved, shall be determined by arbitration in Rancho Cucamonga, California, in accordance with the Rules of the American Arbitration Association, and it is the expressed desire of both parties that the prevailing party be awarded costs and attorney's fees and that the award be entered as a judgment in any jurisdiction in which the non-prevailing party does business.

This authorization is to remain in full force and effect until COMPANY and BANK have received written notice from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Employee Signature X	Date
--------------------------------	------