



25115 Country Club Blvd  
North Olmsted, OH 44070  
877-729-2968 phone  
877-729-6300 fax

### *Authorization Agreement for Direct Deposit*

Employer Name: \_\_\_\_\_ Client #: \_\_\_\_\_

Employee Name (Please Print): \_\_\_\_\_

I hereby authorize The Heartland Payroll Company to initiate credit entries for payroll to my:

\_\_\_\_\_ **Checking** \_\_\_\_\_ **Savings** account(s) indicated below.

I further authorize debit entries or adjustments in the event of an error in connection with my payroll

***Checking Account:***

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_ ABA Number: \_\_\_\_\_

Comments: \_\_\_\_\_

***Savings Account:***

Bank: \_\_\_\_\_ Branch: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Account Number: \_\_\_\_\_ ABA Number: \_\_\_\_\_

Comments: \_\_\_\_\_

This authorization is to remain in full force and effect until canceled by me. In the event of said cancellation, I agree to do so in writing and to deliver same to both my employer and The Heartland Payroll Company.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*

***Please attach a copy of a voided check for each direct deposit account***