

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

Last Name	First Name			SSN	
Bank Name	Transit/ ABA Number	State	Type of Account	Amount or Percent	Account Number
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings		
			<input type="checkbox"/> Checking <input type="checkbox"/> Savings		

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 Changed To:
	Cancel Direct Deposit		Account Number to cancel:

I have attached a voided personalized check (checking accounts) or deposit slip (savings accounts) for each account specified. (This request will not be processed without the accompanying documentation.) You are responsible for ensuring that the routing number and account number on the voided check (checking accounts) or deposit slip (savings accounts) are correct. For accounts that have a different account number than what is listed on the check, you will need to provide a printout from your bank of the actual account and routing number. Many online banking services have an option to print information to provide employers for direct deposits, simply print and submit with this form.

I hereby authorize the Company to directly deposit any salary or wages due to me, less any mandatory or authorized withholdings or deductions in the bank account(s) listed above in the percentages specified. (If two or more accounts are designated, deposits are to be made in whole percentages of pay to total 100%.)

The Company will credit my account(s) the amount of my payroll check on payday. The Company will provide me with a check stub on payday listing my deductions and pay. I understand that direct deposit is contingent each pay period on timely receipt of payroll hours and timely receipt of payroll funding from the client I am assigned to. Deposits are normally available the morning of pay date however each bank posts funds to accounts at different times daily, and the Company has no control over my bank's posting.

Also, I hereby grant the Company the right to correct any such electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

I authorize my financial institution to accept direct deposits to my account upon receipt and without advice to me. It is my responsibility to verify deposits on a per pay date basis before writing checks against these funds. I understand that the Company is not responsible for bank errors or bank fees. Banking services are provided in accordance with the limitations and restrictions of the Automated Clearing House Association.

This authorization is to remain in force until the Company has received written authorization from me of its termination or change. I understand that if my account has closed, my financial institution cannot accept a deposit on my behalf. If this occurs, my employer will not be able to process any further direct deposits without further written authorization from me. **IN ORDER TO TERMINATE OR REVOKE THIS AUTHORIZATION, I MUST NOTIFY MY EMPLOYER IN WRITING AT LEAST TWO WEEKS PRIOR TO THE TERMINATION.**

Signature: _____ Date: _____ Company Name: _____

**Please allow 2-4 weeks for your direct deposit to begin once all paperwork has been received.
Please verify with your bank that your first direct deposit has been processed correctly.**

PLEASE FAX COMPLETED FORMS TO ypp AT 805.928.9713 OR EMAIL TO PAYROLL@YPP.COM