



**SUNWEST EMPLOYER SERVICES INC.
EMPLOYEE AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

I hereby authorize and request Sunwest Employer Services Inc., herein SUNWEST, to make payment of any amounts owed to me by initiating credit entries to my account indicated below in the bank(s) named below, herein BANK, and I authorize and request BANK to accept any credit entries initiated by SUNWEST to such account and credit the same to such account without responsibility for the correctness thereof.

I also authorize and request SUNWEST to effect repayment to SUNWEST for amounts owed it because of a prior erroneous credit initiated to my account, if prior to the initiation of the correction entry SUNWEST has sent or delivered to me written notice of the correction, and the reason therefore, and the correcting entry is transmitted in such time as to be delivered, or make available to BANK before midnight of the tenth day following settlement for the erroneous entry.

It is understood that this agreement may be terminated by me at any time by written notification to SUNWEST. Any notification to SUNWEST shall be effective only with respect to entries initiated by SUNWEST after receipt of such notification and a reasonable opportunity to act on it.

I recognize, acknowledge and accept that this service is being provided for my convenience. As such, I agree to hold SUNWEST, each participating bank, and NACHA harmless from any claim incident to the operation of this plan arising from any act or omission by SUNWEST including, without limitation, and claim based on alleged loss as a result of non-credit of any deposit, and any claim which may be made by me as a result of the rejection of any debits because of insufficient funds arising from the failure to credit deposits to my account. I further understand that should I change, or close the account given to SUNWEST and fail to notify SUNWEST in writing prior to the initiation of the credit, I will be charged a bank fee of no less than \$15.00 to reprocess the payment owed to me. In addition, I understand that direct deposit should take effect the second pay period after submitting this authorization. I understand and recognize that it is ultimately my responsibility to verify if I have received either a regular "live" check or direct deposit.

Company Name _____

Social Security Number ____ - ____ - ____

Name _____

Please Print Name

I do not elect direct deposit or I wish to cancel all my direct deposits (*Check Here and Sign Below*)

I authorize direct deposit into the following accounts ONLY (*any previous form(s) submitted will be void*)

Financial Institution/Account Number(s):

Account 1. _____ Checking Savings Amount or % Deposited: _____ Routing Number: _____

Account 2. _____ Checking Savings Amount or % Deposited: _____ Routing Number: _____

Account 3. _____ Checking Savings Amount or % Deposited: _____ Routing Number: _____

Account 4. _____ Checking Savings Amount or % Deposited: _____ Routing Number: _____

Signature _____

Date ____/____/____
mm/dd/yy

ATTACH VOIDED CHECK(S) HERE:

VOIDED CHECK(S)