

# Direct Deposit Employee Authorization

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Employee Name

I authorize the above-named Employer and Time 4 Payroll LLC to deposit my pay automatically to the indicated account(s) and to make adjusting entries as may be required.

## TAPE VOIDED CHECK HERE

*Hand-written/typed banking information cannot be accepted. If a voided check cannot be provided, please ask bank to provide banking information or take a screenshot of bank account number and routing number.*

It is my responsibility to verify deposits on a per day basis before writing checks against these funds. This Authorization can take up to two pay periods to activate. I understand that neither my employer or their payroll service is responsible for bank errors or fees. I may cancel this Direct Deposit(s) at any time.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

I attest that I have **verified verbally and/or in-person** that the banking information above was actually provided by my employee.

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date