



Authorization Agreement for Direct Deposit

Employer Name _____ Client Number _____ Employee Name _____

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

Checking Savings Both

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

Checking Account		
Bank Name _____	Branch _____	
City _____	State _____	Zip _____
Account Number _____	ABA Routing Number _____	
Deposit Type (Check One): <input type="checkbox"/> Total Net Pay <input type="checkbox"/> Flat Dollar Amount _____ <input type="checkbox"/> Percentage of Net Pay % Amount _____		
Checking Account 2 (if applicable)		
Bank Name _____	Branch _____	
City _____	State _____	Zip _____
Account Number _____	ABA Routing Number _____	
Amount of Deposit (Partial or Full) _____	Comments _____	
Savings Account		
Bank Name _____	Branch _____	
City _____	State _____	Zip _____
Account Number _____	ABA Routing Number _____	
Amount of Deposit (Partial or Full) _____	Comments _____	

Signature _____

Date: _____