

# SBF Payroll

## Employee Direct Deposit Authorization

### Employee Instructions:

1. Complete the employee required information section.
2. Complete the Direct Deposit section to specify where you want your pay deposited and attach voided check or bank letter.
3. Sign the bottom of the form.
4. Retain a copy of this form. Fold and seal the original (tape or staple) and return to your employer.

### Employer Instructions:

1. Complete the employer required information section to the right.
2. Return this original form to coachella@sbfpayroll.com

EMPLOYEE REQUIRED INFORMATION	
Employee Name	_____ (PLEASE PRINT)
Social Security Number	_____/_____/_____

EMPLOYER REQUIRED INFORMATION	
Company Name	_____ (PLEASE PRINT)
Federal ID Number	_____ - _____

### COMPLETE FOR DIRECT DEPOSIT

I would like my wages/salary deposited to the following bank account(s):

My Checking Account

Bank Name \_\_\_\_\_

(Attach a voided check or bank letter)

Routing#: \_\_\_\_\_

Account #: \_\_\_\_\_

I wish to deposit (check one):

Entire Net Pay

Specific Dollar Amount \$\_\_\_\_.00

My Savings Account

Bank Name \_\_\_\_\_

(Attach only a voided check or bank letter)

Routing#: \_\_\_\_\_

Account #: \_\_\_\_\_

I wish to deposit (check one):

Entire Net Pay

Specific Dollar Amount \$\_\_\_\_.00

I hereby authorize my employer, \_\_\_\_\_ (hereinafter COMPANY), to deposit any amounts owed me by initialing credit entries to my account at the financial institution (hereinafter BANK) indicated above. Further, I authorize BANK to accept and to credit any credit entries indicated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.

For my convenience, I request that SBF Payroll (hereinafter SBF) directly deposit my wages/salary earned from my employer, into my bank account. I understand that deposit of my earnings into my account by SBF may be an advance of funds on behalf of my employer, which is subject to the successful collection of these funds by SBF from my employer's bank. If, within 30 days of SBF making the deposit into my account, my employer does not make available to SBF the funds that were advanced to make the deposit into my account, I authorize SBF to charge my account to recover said advance. I agree to hold SBF harmless from loss and to indemnify it, limited to the amount of the deposit. This authorization is to remain in full force and effect until COMPANY and BANK have received written notice from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Return this original form to your employer.