



**Direct Deposit of Payroll
Authorization Agreement for Automatic Deposits**

Employee Name (Please Print)

Port Number

I authorize CP&O, LLC and the financial institution listed below to electronically deposit my net pay to the specified account each payday.

Type of Account: **Checking** **Savings** **Pay Card**

Deposit Amount: **Entire check** **Other** _____

**Attach a void check or a
Direct Deposit form from
your bank**

If you would like your Direct Deposit to go into more than one account (limit 3), please provide separate banking information for each..(Void check or Direct Deposit Form)

If monies to which I am not entitled are deposited to my account by my Employer, I authorize my Employer to direct the financial institute to return said funds. This authority will remain in effect until I have filed a new authorization, or until revoked by me in writing, or upon termination of my employment by Employer.

Signature

Date

Email Address required to receive pay stub

CP&O, LLC
4101 Granby Street, Ste 305
Norfolk, VA 23504
(757)640-2580 fax (757)625-3745

****PLEASE PROVIDE THE REQUESTED INFORMATION IN ORDER TO BE PAID ..**