

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Employer Information

Employer Name: _____

Employee Information

Employee Name: _____

Home Address: _____

Financial Institution Information

Financial Institution Name: _____

Routing Number: _____

Account Number: _____

Authorization Agreement

I hereby authorize NKY Payroll, Inc., or its designee, (hereinafter "Company") to initiate automatic deposits to my account at the financial institution named above as directed by my employer. I acknowledge that the Company is allowed to reverse from my account any ACH/Direct Deposit entry made in error, including, without limitation, when credit entries to my account would result in an overdraft upon the account of my employer or Company.

I agree not to hold Company responsible for any delay or loss of funds due to incorrect or incomplete information supplied Company by my employer, my financial institution, or me, or for any error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Company receives written notice of cancellation from me or my financial institution.

Employee Signature _____ Date _____

Please attach a VOIDED check for checking accounts or a letter from the financial institution for savings accounts.