



**Payroll Direct Deposit  
 Authorization Form**

Employee ID \_\_\_\_\_ Employee Name (Last Name, First Name) \_\_\_\_\_

|  |  |
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|  |  |
|--|--|

Employee may chose up to 4 Accounts:

|                           |                                 |
|---------------------------|---------------------------------|
| <b>Account #1</b>         |                                 |
| Bank Name: _____          |                                 |
| Routing# (9 digits) _____ | Account # _____                 |
| <b>Account Type:</b>      | <b>Amount to Deposit or Net</b> |
|                           | \$ or                           |

|                           |                                 |
|---------------------------|---------------------------------|
| <b>Account #2</b>         |                                 |
| Bank Name: _____          |                                 |
| Routing# (9 digits) _____ | Account # _____                 |
| <b>Account Type:</b>      | <b>Amount to Deposit or Net</b> |
|                           | \$ or                           |

|                           |                                 |
|---------------------------|---------------------------------|
| <b>Account #3</b>         |                                 |
| Bank Name: _____          |                                 |
| Routing# (9 digits) _____ | Account # _____                 |
| <b>Account Type:</b>      | <b>Amount to Deposit or Net</b> |
|                           | \$ or                           |

|                           |                                 |
|---------------------------|---------------------------------|
| <b>Account #4</b>         |                                 |
| Bank Name: _____          |                                 |
| Routing# (9 digits) _____ | Account # _____                 |
| <b>Account Type:</b>      | <b>Amount to Deposit or Net</b> |
|                           | \$ or                           |

**Authorization Agreement:** I hereby authorize Compupay to deposit my paycheck each payday directly into the account(s) named above. This authority will remain in force until I have given written notice that I am terminating it, or until my employer has notified me that this deposit service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instructions to be executed. If an incorrect deposit should be made into my account(s), I authorize my bank(s) and the Compupay to make the appropriate adjustment(s).

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Account Holder Signature (if other than employee): \_\_\_\_\_ Date: \_\_\_\_\_

**NOTE:** Requests must allow sufficient time for processing and bank pre-notification, and may not be effective for your next pay date.

**Mail To: 3450 Lakeside Drive, Suite 400, Miramar, FL 33027 Attn: Payroll  
 Fax: 954-874-0580**