Authorization of Direct Deposit

The undersigned (hereafter referred to as the "employee") hereby authorizes and requests PAYCOM to make deposits from time to time in the account(s) identified below and authorizes the bank to accept such deposits. It is agreed that these deposits may be made electronically and under the Rules of the National Automated Clearing House Association. It is agreed that PAYCOM is only responsible for direct deposit of funds that have previously been received from_____hereafter referred to as the "employer".

NSF's or Employer Withdrawals: In the event funds received by PAYCOM from the employer are withdrawn from PAYCOM's account by reason of insufficient funds, or otherwise, the employee hereby authorizes PAYCOM to withdraw funds from employee's bank account(s) designated below or any other bank utilized by employee as reimbursement to PAYCOM. Employee shall continue to be liable to PAYCOM for all amounts paid to employee by PAYCOM, which have not been paid to PAYCOM by employer.

Attach a voided check, copy of a check, or spec sheet for each account. Indicate whether it is a checking or saving account.

(No deposit slips)

1. Call your bank and confirm the **ACH Routing Number(s)** and Account numbers for **Checking and/or Savings**
2. Complete and Sign the form

Main Account (Net Pay) - Checking or Savings Account (circle one)

Acct # _____

ACH Routing # /_ /_ / _/_ /_ /_ /_ / _/_ /

Bank Name _____

Additional Account - Checking or Savings Account (circle one)

Acct #_____Dollar Amount_____

ACH Routing # /_ /_ / _/_ /_ /_ /_ / _/_ /

Bank Name _____

Additional Account - Checking or Savings Account (circle one)

Acct #_____Dollar Amount_____

ACH Routing # /_ /_ / _/_ /_ /_ /_ / _/_ /

Bank Name _____

Additional Account - Checking or Savings Account (circle one)

Acct #_____Dollar Amount_____

ACH Routing # /_ /_ / _/_ /_ /_ /_ / _/_ /

Bank Name _____

Employee Name_____**SS#**_____/_____/_____

Address_____**City**_____**State**____**Zip**_____

Employee Signature_____

ATTENTION PAYROLL MANAGER:

Employers must keep each original employee enrollment form on file as long as the employee is using direct deposit, and for two years thereafter.