



DIRECT DEPOSIT AUTHORIZATION

Advantage Bookkeeping Professionals, Inc. is proud to offer Direct Deposit for the convenience of our payroll clients and their employees.

If you wish to utilize this option, please carefully read and complete the following information. Please return this authorization form to your employer no later than one week prior to the desired date for which direct-deposit is to take effect.

Authorization Agreement:

- 1) Advantage Bookkeeping Professionals, Inc. and the Financial Institution(s) listed below shall direct deposit all, or a specified portion of, your net paycheck for each payroll period.
- 2) The amount to be direct deposited might not post to your bank account until midnight of the pay date (the date on the pay stub provided), depending on the rules and procedures of your Financial Institution.
- 3) For pay-dates falling on non-banking days, deposits will be made according to the following schedule, unless other arrangements have been made:
 Pay-dates falling on a Saturday: Amount will be deposited on the preceding Friday.
 Pay-dates falling on a Sunday: Amount will be deposited on the following Monday.
 Pay-dates falling on other non-banking days: Amount will be deposited on the next available banking day.
- 4) You are responsible for the accuracy of the information provided below. If any part of the information provided is not correct, it may delay or prevent the depositing of funds into your account. Contact your Financial Institution if you are unsure of your routing and/or account number.
- 5) Advantage Bookkeeping Professionals, Inc. and the Financial Institution(s) listed below retain the right to reverse any deposited funds that were made in error without prior notice.
- 6) If at any time you choose to discontinue or revise use of the direct deposit option, please notify your employer and allow approximately one week for this change to take effect.

Please complete the following:

(CHECK ONE)

Account Type (Checking/Savings)	9-digit Routing/Transit Number	Account Number	Full Net Deposit	Partial Deposit	Percentage or Amount for Partial Deposit

****PLEASE INCLUDE A VOIDED CHECK FOR ALL CHECKING ACCOUNTS LISTED – DEPOSIT SLIPS ARE NOT SUFFICIENT**

I certify that I have read and agree to the authorization agreement above, and that the information I have provided is accurate to the best of my knowledge.

Signature

Social Security Number

Effective date

Please print your name as it appears on your bank account: _____

Employer / Company Name: _____