APPLICABLE FOR ALL EMPLOYEES

PRIMEPAY

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

I hereby authorize my employer, Bright Future for the Children LLC, (hereinafter COMPANY) to deposit any amounts owed me by initiating credit entries into my account at the financial institution (hereinafter BANK) indicated below. Further, I authorize BANK to accept and to credit any such entries indicated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.

Employee Name (please print) _____

Social Security Number _____

_____Begin Deposit _____Change Information _____Cancel

Please attach copy of voided check(s) for all checking accounts

Account #1
___Savings *
___Checking

_____
Routing and Transit Number

_____
Account #

I wish to deposit (check one of the following):
___ $_____.00
___ $_____% NET
___ Entire Net Pay

Account #2
___Savings *
___Checking

_____
Routing and Transit Number

_____
Account #

I wish to deposit (check one of the following):
___ $_____.00
___ $_____% NET
___ Entire Net Pay

Credit Union *
___Savings *
___Checking

_____
Routing and Transit Number

_____
Account #

I wish to deposit (check one of the following):
___ $_____.00
___ $_____% NET
___ Entire Net Pay

*** NOTE: Savings and Credit Union Accounts may use a different ABA and/or Account Number for ACH transactions. It is the employee's responsibility to call their bank to obtain the correct information for direct deposit into such accounts.**

DEPOSIT SLIPS ARE NOT PERMITTED.

I understand I am responsible for confirming my pay has been properly deposited each payroll. No transactions will be initiated against those funds until this confirmation has been made. Any Non Sufficient Funds charges that occur because I have failed to abide by this will be my responsibility.

_____ _____

Signature *Date*