Payroll Paradise™ **ACCT. #** _____

DIRECT DEPOSIT AUTHORIZATION

I hereby authorize and request the company (hereinafter referred to as Employer) to make payment of any amounts owed to me by initiating credit entries to my account indicated below at the bank named below. I also authorize and request the bank to accept any credit entries initiated by my Employer to such account and to credit the same to such account without responsibility for the correctness thereof. I further authorize and request my Employer to effect repayment to my Employer for amounts owed to it because of prior erroneous credit(s) initiated to my account.

It is understood that this agreement may be terminated by me at any time by written notification to my Employer. Any such notification to my Employer shall be effective only with respect to entries initiated by my Employer after receipt of such notification and a reasonable opportunity to act on it.

I recognize, acknowledge, and accept that this service is being provided for my convenience. As such, I agree to hold my Employer, Arcadia Payroll Paradise™, each participating bank and National Automated Clearing House Association (NACHA) harmless from any claim incident to the operation of this plan, arising from any act or omission by my Employer or Arcadia Payroll Paradise™, their employees, including without limitation, any claim based on alleged loss as a result of any non-credit of any deposit, and any claim which may be made by any depositor as a result of the rejection of any of his debits because of insufficient funds arising from the failure to credit deposits to his/her account.

Account:	( ) Checking (Attach a voided check below)	( ) Savings (Documentation from your financial institution verifying your ABA Routing and Account number is required)
Deposit:	_____% of net pay each payroll	$ _____ of net pay each payroll

Attach Voided Check Here

Employee Printed Signature: _____

Employee Signature: _____

Date: _____