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Phone (978) 649-3777
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Direct Deposit Employee Authorization

New Direct Deposit Change to Existing Direct Deposit

Employee Name
Employer

I authorize PayPlus, LLC and the financial institution listed below to deposit as indicated and make adjusting entries as may be required.

For **Checking Account** deposits, please provide a copy of a **VOIDED** check(s) attached to this form.

For **Savings Account** deposits, please obtain a verification letter from your bank with account number and Bank routing number **NOTE:** Routing numbers are not on deposit slips for savings accounts.

FORMS WILL NOT BE PROCESSED WITHOUT THE REQUIRED DOCUMENTS ABOVE.

Bank #1

Bank Name

Account Number

Bank Routing Number

Type of Account Checking
 Savings

Amount \$

or Full Net Check

Bank #2

Bank Name

Account Number

Bank Routing Number

Type of Account Checking
 Savings

Amount \$

or Full Net Check

This authorization may be cancelled by me at any time.

Authorized By:

Authorized Date:

Submit to Payplus

Clear Form