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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