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Post Office Box 521
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Employee Direct Deposit Authorization

Company Name _____

ATTACH CHECK OR DEPOSIT SLIP HERE

For my convenience, I request that Advanced Payroll Inc. (Hereinafter API) directly deposit my wages/salary earned from my employer, into my bank account. I understand that deposit of my earnings into my account by API may be an advance of funds on behalf of my employer, which is subject to the successful collection of these funds by API from my employer's bank. If my employer does not make available to API the funds that were advanced to make the deposit into my account, I authorize API to charge my account to recover said advance. I agree to hold API harmless from loss and to indemnify it, limited to the amount of the deposit. I also authorize API to debit my account as necessary to recover any deposits made in error.

This authorization is to remain in full force and effect until API and BANK have received written notice from me of its termination in such time and in such manner as to afford API and BANK a reasonable opportunity to act on it.

Begin Deposit Change Information Cancel

Bank _____

City _____ State _____

Social Security Number _____

Signature _____ Date _____

Please Print Name _____