



## DIRECT DEPOSIT AUTHORIZATION FORM

COMPANY NAME: \_\_\_\_\_

EMPLOYEE  
NAME: \_\_\_\_\_

E-MAIL  
ADDRESS: \_\_\_\_\_

### AUTHORIZATION AGREEMENT

I hereby authorize Silver State Payroll Services LLC to initiate automatic deposits to my account at the financial institution named below. I also authorize Silver State Payroll Services LLC to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Silver State Payroll Services LLC responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Silver State Payroll Services LLC receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Payroll Department.

### ACCOUNT INFORMATION

DIRECT DEPOSIT  
INFORMATION

Name of Bank: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

CHECKING  SAVINGS

AUTHORIZED SIGNATURE:  
\_\_\_\_\_

PLEASE ATTACH A VOIDED CHECK TO THIS FORM