



**Payroll Services**  
 205 S. Whiting Street, Suite 311  
 Alexandria, VA 22304  
 (703) 370-2226 voice  
 (703) 370-1226 fax

**DIRECT DEPOSIT AUTHORIZATION**

Company Name \_\_\_\_\_ Company ID \_\_\_\_\_

Employee Name \_\_\_\_\_

\_\_\_\_\_ Begin Deposit    \_\_\_\_\_ Change Existing Information    \_\_\_\_\_ Cancel

I hereby authorize my employer \_\_\_\_\_ (hereinafter COMPANY), to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter BANK) indicated below. Further I authorize BANK to accept and to credit any credit entries indicated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of erroneous credit.

For my convenience, I request ECCA Payroll Services (hereinafter ECCA), directly deposit my wages/salary earned from my employer, into my bank account. I understand that deposit of my earnings into my account by ECCA may be an advance of funds on behalf of my employer, which is subject to the successful collection of these funds by ECCA from my employer's bank. If, within 30 days of ECCA making the deposit into my account, my employer does not make available to ECCA the funds that were advanced to make the deposit into my account, I authorize ECCA to charge my account to recover said advance. I agree to hold ECCA harmless from loss and to indemnify it, limited to the amount of the deposit.

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

BANK \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_

\_\_\_\_\_ Checking I wish to deposit (check one) ( ) \$ \_\_\_\_\_ .00 ( ) \_\_\_\_\_ % of Net ( ) Entire Net Pay

\_\_\_\_\_ Savings I wish to deposit (check one) ( ) \$ \_\_\_\_\_ .00 ( ) \_\_\_\_\_ % of Net ( ) Entire Net Pay

Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name \_\_\_\_\_

**PLEASE PROVIDE COPY OF VOIDED CHECK WITH ABA TRANSIT AND ACCOUNT NUMBER**

