

DIRECT DEPOSIT WORKSHEET

Client Name:	Client #:
Employee Name:	
New Employee Existing Employee	
ACCOUNT ONE	
Savings Checking \$ or % For full net, indicate 100%	
Bank Name	Attach Voided Check Here (Deposit Slip If Savings)
Name on Account	Write 1 on Check
Routing & Transit Number (9 Digits) Account Number	
Account Number	
ACCOUNT TWO	
Savings Checking \$ or % For full net, indicate 100%	
Bank Name	Attach Voided Check Here (Deposit Slip If Savings)
Name on Account	Write 2 on Check
Routing & Transit Number (9 Digits) Account Number	
ACCOUNT NUMBER	
ACCOUNT THREE	
Savings Checking \$ or % For full net, indicate 100%	
Bank Name	Attach Voided Check Here
Name on Account	(Deposit Slip If Savings)
Routing & Transit Number (9 Digits)	Write 3 on Check
Account Number	
I authorize Paycor, Inc., acting on behalf of my employer, to initiate electronic credit entries and, if necessary, debit entries to reverse errone my account(s). It is agreed that these deposits will be made in accordance with the rules of the National Automated Clearing House Assoc	

Date: ____/___/___

To be retained by Employer. Keep in your employee files. This form may be photocopied.

Employee Signature: _

Paycor, Inc. and the bank a reasonable opportunity to act upon the termination request.

authorization will remain in effect until Paycor, Inc., has received written notification from me of its termination in such time and in such a manner as to afford