



C O M P L E T E  
PAYROLL SERVICES

**Authorization for Direct Deposit**

I authorize my employer to instruct our payroll provider, **Complete Payroll Services**, to deposit my pay automatically to the account indicated below so that my pay will be via “Direct Deposit.” This authorization extends to **Complete Payroll Services’** banking and/or payroll software partners.

I specifically give permission to my employer and **Complete Payroll Services** to make adjusting or reversing entries on my account in the event of a mistake or error. I understand that power outages, internet outages, banking errors, human errors, terrorist acts, and acts of God all could prevent my pay from being deposited according to the normal pay schedule. I agree to hold harmless my employer, the banks, and **Complete Payroll Services** if any problem were to occur.

I understand that this authorization will remain in effect until I cancel it in writing and such time beyond that cancellation that affords **Complete Payroll Services** a reasonable opportunity to act on the cancellation.

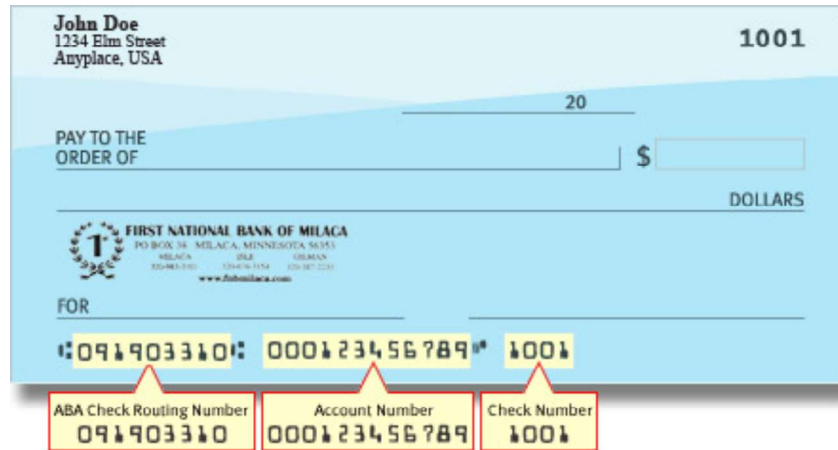
Company Name: \_\_\_\_\_

Employee Name (Please Print): \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Bank Name: \_\_\_\_\_  Checking **OR**  Savings

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



*(Always 9 Digits)*

**EMPLOYER:** Employer must retain direct deposit authorizations for two years past revocation of direct deposit or termination of employee. If employer relays account information directly to **Complete Payroll Services** without Authorization for Direct Deposit, employer warrants that employer has signed Authorization for Direct Deposit on file.