Heartland

Authorization Agreement for Direct Deposit

Employer Name | Client Number | Employee Name

I hereby authorize Heartland Payroll Solutions to initiate credit entries for payroll to my:

Checking ☐ Savings ☐ Both ☐

I further authorize debit entries or adjustments in the event of an error in connection with my payroll.

Checking Account

Bank Name | Branch

City | State | Zip

Account Number | ABA Routing Number

Deposit Type (Check One): ☐ Total Net Pay ☐ Flat Dollar Amount _____

☐ Percentage of Net Pay % Amount _____

Checking Account 2 *(if applicable)*

Bank Name | Branch

City | State | Zip

Account Number | ABA Routing Number

Amount of Deposit (Partial or Full) | Comments

Savings Account

Bank Name | Branch

City | State | Zip

Account Number | ABA Routing Number

Amount of Deposit (Partial or Full) | Comments

Heartland

Authorization Agreement for Direct Deposit

Attach voided check to this page or submit additional page with copy of check

Attach a copy of a voided check for each direct deposit account.

I hereby authorize and request the company (hereinafter referred to as Employer) named above to make payment of any amounts owed to me by initiating credit entries to my account indicated above at the bank named above. I also authorize and request the bank to accept any credit entries initiated by my Employer to such account and to credit the same to such account without responsibility for the correctness thereof. I further authorize and request my Employer to effect repayment to my Employer for amounts owed to it because of prior erroneous credit(s) initiated to my account.

It is understood that this agreement may be terminated by me at any time by written notification to my Employer. Any such notification to my Employer shall be effective only with respect to entries initiated by my Employer after receipt of such notification and a reasonable opportunity to act on it.

I recognize, acknowledge, and accept that this service is being provided for my convenience. As such, I agree to hold my Employer, Heartland Payroll Solutions, each participating bank and National Automated Clearing House Association (NACHA) harmless from any claim incident to the operation of this plan, arising from any act or omission by my Employer or Heartland Payroll Solutions, their employees, including without limitation, any claim based on alleged loss as a result of any non-credit of any deposit, and any claim which may be made by any depositor as a result of the rejection of any of his debits because of insufficient funds arising from the failure to credit deposits to his/her account.

Employee Signature _____ Employee Print Name _____ Date _____

Signature of Client/Authorized Representative _____ Print Name and Title _____ Date _____

Internal Use Only

Bank Change Keyed by: _____

Date: _____

Verified by: _____

Date: _____