



## <u>Direct Deposit Form</u> Automatic Debit and Credit Agreement For Electronic Funds Transfers

I hereby authorize on this (Processor) and their agents, that adjustment entries may be transactions. This authorization	to initiate ele e made to th	nis accou	withdrawals and/or int to insure an acci	r depos		banl	c accour	nt sho	own bel	ow fo	or an a	llotted	amo	unt.	I und	y Inc erstand
a) I notify the above-name Company reasonable				s agree	ment and	l give	the Ba	nk an	d the al	oove-	name	i				
I understand that any cancellation in writing will become effective no earlier than 5 business days after the day the last transaction has clear and there are no outstanding balances to the account.														leare	d	
I UNDERSTAND THAT ANY ELECTRONIC FUNDS PROCESSOR (EFP) PROVIDES ONLY ITS SERVICES TO PROCESSOR AND COMPANY. ALL MONIES TO BE TRANSFERRED AS CREDITS MUST BE COLLATERALLY FUNDED AND ARE FULLY GUARA BY COMPANY. IN THE EVENT COMPANY'S FUNDING FOR A CREDIT IS RETURNED FOR ANY REASON AND EFP HAS CRED MONIES TO MY ACCOUNT, I AUTHORIZE EFP TO DEBIT MY ACCOUNT FOR THE AMOUNT OF THE MONIES CREDITED.													ANTEED			
Electronic Funds Transfer (15 U.S.C. § 1693): I hereby acknowledge receipt of notice by the financial institution described here within of the undersigned's liability for an unauthorized electronic fund transfer, duty to promptly report such unauthorized transfers, charges for electronic fund transfers, the right to stop payment or pre-authorized electronic fund transfers, procedure to initiate such stop payment order, the right to receive documentation of electronic fund transfers, and the Bank's liability pursuant to the Electronic Funds Transfer Act found at 15 U.S.C. § 1693, et al., and as against Paylocity and their Electronic Funds Processor, waives all rights thereunder.  Limitation of Action: The undersigned have 60 days from the transaction date to notify the above-referred to company, in writing, of any discrepancies, errors or problems with a transaction processed. This will include but not limited to, errors in amounts, erroneous transactions, or other transactions processed. You can contact the above-referred to company, but by doing so will not preserve your rights. In a letter, provide the above-referred to company the following information:																
b) The name, c) The dollar	account num mount of th	nber and e transa	ABA number on the ction in question.  why you believe this	he tran	saction in	nques	stion.	re inf	ormatic	n, de	scribe	the it	em yo	ou are	e	
The above-referred to compa more time, they may take up from point of sale or debit/ac	to 45 days to	o investi	gate your complain	nt. For	transfers	initia	ited out	side t	he Unit	ed St	ates o					I
Financial Institution:					Brai	nch:										
Please Print Your Name:					Date	e:										
Routing (ABA) Nu	mber		\	Accour	nt Numbe	r at F	inancial	Insti	tution			3.0	-10	at a		

Authorized Signature:

Circle Account Type: Checking Account or Savings Account

\*\*Attached to this authorization is a voided personal check or any official document from your bank stating your routing and account numbers for verification of all checking account information. WE CANNOT PROCESS YOUR DIRECT DEPOSIT UNTIL ALL INFORMATION IS RECEIVED\*\*