

Authorization for Direct Deposit

I authorize Floofins & Co. Inc. to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford Floofins & Co. Inc. a reasonable opportunity to act on it.

Name on bank account _____

Bank account number _____ Checking _____ Savings _____

Bank routing number _____

Amount \$ _____ or entire paycheck _____

*Balance of pay to:

_____ Manual (paper check)

_____ Account described below

**Note: Split payments are not available for contractors.*

Name on bank account _____

Bank account number _____ Checking _____ Savings _____

Bank routing number _____

Important: Please attach a voided check for each bank account to which funds should be deposited.

Employee/Contractor signature _____ Date _____

Payers: Do not send this form with your Direct Deposit enrollment. Keep for your records.