

California Payroll Concepts

P.O. Box 4204
Auburn, CA 95604

Tel: (530) 823-7000
Fax: (530) 823-7607

DIRECT DEPOSIT INFORMATION: EMPLOYEE AUTHORIZATION

Company Name: _____ Client # _____

Employee Name: _____ # _____

Please indicate account(s) you would like your payroll check deposited to. If you would like to may use more than one account, please allocate by % or \$ amount. If more than one person is on the account, all parties must sign.

Bank Name: _____

Account: checking / savings (circle one) #: _____

Name(s) on the account: _____

Amount: ALL or _____ % or first \$ _____

2nd Account: checking / savings (circle one) #: _____

Name(s) on the account: _____

Amount: balance

I hereby authorize California Payroll Concepts to deposit my payroll check directly into my bank account as indicated above. **I understand that it is my responsibility to verify the availability of funds before writing checks or drawing on the account.**

Employee Signature

Date

Signature (additional person on account, if any)

Date

PLEASE ATTACH A VOIDED CHECK FOR CHECKING ACCOUNT:

VOIDED CHECK

PLEASE ATTACH A VOIDED DEPOSIT SLIP FOR SAVINGS ACCOUNT:

VOIDED DEPOSIT SLIP