



Employee Direct Deposit Authorization Form

Employer Name: _____
(hereby referred to as "Company")

Employee Name: _____
(please print as it appears on bank account)

Last 4 Digits of SSN: _____

Choose request Type Below

- NEW DIRECT DEPOSIT
- DIRECT DEPOSIT ACCOUNT CHANGE

If this is an account change, please enter the following information below for verification:

Last 4 digits of Previous account number: _____

Name of Bank of Previous Account: _____

Checking Paycard
 Savings HSA/FSA

<u>New Account Information (choose one)</u>	
<input type="radio"/> Checking <input type="radio"/> Savings <input type="radio"/> HSA/FSA	<input type="radio"/> Paycard (paycards will be verified) Altitude Payroll will <u>NOT</u> deposit to <i>Green Dot</i> or <i>American Express</i> pay cards due to the inability to verify account holder information and fraud associated with those cards.
Name on Bank Account: _____ New Routing Number: _____ (9 digits)	Name of Bank: _____ New Account Number: _____
Please Choose the Amount to deposit:	<input type="checkbox"/> Full Net Pay <input type="checkbox"/> Flat \$ Amount: _____ <input type="checkbox"/> % of Net Pay: _____

EMPLOYEE AUTHORIZATION AGREEMENT

I hereby authorize **Altitude Payroll** to initiate automatic deposits to my account at the financial institution named below. I also authorize **Altitude Payroll** to make withdrawals/deposits to/from this account in the event that a credit/debit entry is made in error.

UCC 4a ACH Transactions Provisional Payment Disclosure: Per the operating rules of the National Automated Clearing House Association, credit given by Altitude Payroll to you with respect to an automated clearing house credit entry is provisional until we receive final settlement for such entry through a Federal Reserve Bank. If we do not receive such final settlement, you are hereby notified and agree that Altitude Payroll is entitled to a refund of the amount credited to you in connection with such entry, and the party making payment to you via such entry (i.e. the originator of the entry) shall not be deemed to have paid you in the amount of such entry. Under the operating rules of the National Automated Clearing House Association, which are applicable to ACH transactions involving your account, Altitude Payroll is not required to give next day notice to you of receipt of an ACH item. Altitude Payroll may accept on your behalf payments to your account which have been transmitted through one or more Automated Clearing Houses (ACH) and which are not subject to the Electronic Fund Transfer Act, and your rights and obligations with respect to such payments shall be construed in accordance with and governed by the laws of the state of Colorado as provided by the operating rules of the National Automated Clearing House Association.

Further, I agree not to hold **Altitude Payroll or Company** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until **Altitude Payroll or Company** receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to **Company**.

Authorized Signature of Account Holder: _____ Date: _____

Printed Name of Account Holder: _____

FOR VERIFICATION AND PROTECTION OF YOUR ACCOUNT INFORMATION PLEASE PROVIDE A COPY OF A VOIDED CHECK OR DEPOSIT AUTHORIZATION CARD FROM YOUR FINANCIAL INSTITUTION ALONG WITH A PHOTO COPY OF YOUR DRIVERS LICENSE OR A PASSPORT PHOTO SHOWING YOUR NAME AS IT APPEARS ON YOUR ACCOUNT.