

Employee Direct Deposit and Debit Authorization

Instructions

1. Complete the Employee Required Information section.
2. Complete the Direct Deposit Information section to specify where you want your paycheck deposited.
3. Enclose a voided check with the original of this form and return to your employer.
4. Retain a copy of this form for your own records.

Employee Required Information

Employee name: _____
(please print)

Employer name: _____
(please print)

Direct Deposit Information

I would like my paycheck deposited into the bank account(s) designated below.

Indicate one choice for each account listed							
Bank Name	Account Type	Routing Number <small>(9 digits)</small>	Account Number	Specific Dollar Amount	% of Net Pay	Entire Net Pay	Remainder of Net Pay

Attach only a voided check or bank letter specification sheet for each account listed.

Deposit tickets cannot be accepted.

I hereby authorize isolved HCM, Inc. a subsidiary of Infinisource, Inc. ("isolved"), as agent for my employer indicated above ("Employer"), to electronically deposit my paycheck from my Employer into my account(s) at the financial institution(s) indicated above. In the event that isolved deposits funds erroneously into my account(s), I hereby authorize isolved to electronically debit my account to correct the error.

I understand that a deposit of my paycheck into my account(s) by isolved may be an advance of my pay by isolved on behalf of my Employer, and is subject to the successful collection of these funds by isolved from my Employer. If my Employer does not reimburse isolved for this advance payment within 5 business days of isolved making the deposit of my paycheck into my account(s), I hereby authorize isolved to debit my account to recover from my account(s) the unreimbursed portion of isolved's advance from my Employer.

I agree that the ACH transactions I authorize comply with all applicable law. This authorization is to remain in full force and effect until isolved has received written notice from me of my revocation of this authorization [in such time and in such manner as to afford isolved a reasonable opportunity to act on it.] [isolved, 11219 N Community House Rd, Suite 800, Charlotte, NC 28277]. The undersigned understands that isolved requires at least 10 days prior notice in order to cancel this authorization.

Employee Signature: _____

Date: _____