



# PAYROLL SPECIALTIES NW, INC.

## DIRECT DEPOSIT INFORMATION EMPLOYEE AUTHORIZATION

PLEASE INDICATE THE AMOUNT YOU WOULD LIKE DIRECT DEPOSITED TO YOUR ACCOUNTS.

ACCOUNT #1 \$ \_\_\_\_\_ Checking or Savings (**circle one**)

ACCOUNT #2 \$ \_\_\_\_\_ Checking or Savings (**circle one**)

ACCOUNT #3 \$ \_\_\_\_\_ Checking or Savings (**circle one**)

I hereby authorize PAYROLL SPECIALTIES NW INC. to deposit my payroll check directly to my bank account. I also authorize the withdrawal of any overdeposited funds or EMPLOYER Non Sufficient Funds from my account, or to return the overdeposit personally ( at PAYROLL SPECIALTIES NW INC. discretion). I also understand it is my responsibility to verify the availability of my funds prior to writing checks against them. PAYROLL SPECIALTIES NW INC. assumes no responsibility for any charges incurred due to delayed deposits beyond its control.

EMPLOYEE NAME (please print) \_\_\_\_\_

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PLEASE ATTACH A VOIDED CHECK FOR EACH ACCOUNT (deposit slip not acceptable.)

**\*If your company has set up emailed employee check stubs, please provide the employee's email address and a preferred password to open the check stub (the password may be up to six digits, letters, numbers, symbols, and is case sensitive.) If the password is not provided below, we will default to using the last four digits of the employee's SSN as the password.**

EMPLOYEE EMAIL ADDRESS \_\_\_\_\_ PASSWORD \_\_\_\_\_

COMPANY NAME \_\_\_\_\_ COMPANY NUMBER \_\_\_\_\_

AUTHORIZING OFFICER \_\_\_\_\_

Payroll Specialties NW, Inc.  
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Eugene, OR 97401  
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