

# Employee Direct Deposit Authorization Agreement

**Complete the following information to sign up for direct deposit today!**

I hereby authorize my employer, Woodbridge Group, to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter "BANK") indicated below. Further, I authorize BANK to accept and to credit any credit entries indicated by Woodbridge Group or FlexChecks, Inc. to my account. In the event that Woodbridge Group or FlexChecks, Inc. deposits funds erroneously into my account, I authorize Woodbridge Group or FlexChecks, Inc. to debit my account for an amount not to exceed the original amount of the erroneous credit.

Employee name (please print): \_\_\_\_\_

- Begin Direct Deposit**    **Change Information**    **Cancel Direct Deposit**    **Decline Direct Deposit**

Bank \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

You may designate as many accounts as needed:

**Checking (attach void check, bank letter, or specification sheet)**

- I wish to deposit (check one)    \$ \_\_\_\_\_ .00    \_\_\_\_\_ % Net    Entire net pay  
I wish to deposit (check one)    \$ \_\_\_\_\_ .00    \_\_\_\_\_ % Net    Entire net pay

**Savings (attach bank letter or specification sheet) - NO DEPOSIT SLIP**

- I wish to deposit (check one)    \$ \_\_\_\_\_ .00    \_\_\_\_\_ % Net    Entire net pay  
I wish to deposit (check one)    \$ \_\_\_\_\_ .00    \_\_\_\_\_ % Net    Entire net pay

This authorization is to remain in full force and effect until Woodbridge Group and/or BANK have received written notice from me of its termination in such manner as to afford Woodbridge Group and BANK reasonable opportunity to act on it. I agree that if funds are inadvertently deposited into my account in error, it is my responsibility to repay these funds either by direct debit by my employer or by certified funds.

Employee Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**Attach Voided Check Here**