



paycor®

Direct Deposit Worksheet

COMPANY NAME: _____

I hereby authorize Paycor, Inc. to initiate electronic credit entries and, if necessary, debit entries to reverse erroneous credit entries to my account(s). It is agreed that these deposits will be made in accordance with the rules of the National Automated Clearing House Association (NACHA).

CHECKING ACCOUNT AMOUNT _____

CHECKING ACCOUNT AMOUNT _____

SAVINGS ACCOUNT AMOUNT _____

CREDIT UNION AMOUNT _____

FOR FULL NET, INDICATE 100%

The authority shall remain in full force and effect until Paycor, Inc., has received written notification from me of its termination in such time and in such a manner as to afford Paycor, Inc. and the bank a reasonable opportunity to act upon the termination request.

A VOIDED CHECK MUST BE ATTACHED FOR ALL CHECKING ACCOUNTS

A DEPOSIT SLIP MUST BE ATTACHED FOR ALL SAVINGS ACCOUNTS

Name _____ Date _____

Signature _____ SS# _____

DIRECT DEPOSIT MAY TAKE TWO PAY PERIOD TO BECOME EFFECTIVE