



Direct Deposit Employee Authorization and Agreement

Date: _____

Company Name: _____

Employee Name: _____

Social Security Number: _____

Address: _____

City, State and Zip Code: _____

Bank Routing Number	State	Type	Amount	Account
		Ckg Sav		
		Ckg Sav		
		Ckg Sav		

**Please attach a voided check for the Direct
Deposit bank account**
This is required verification for each request.

I authorize my employer as noted above, CEOS Corporation dba @TimePay\$, Cachet Banq and all financial institution(s) involved in each transaction to deposit my pay automatically to the indicated account(s) and to make adjusting entries including the removal of funds if the employer does not make them available, in which case, I waive any rights I may have to return debit entries to my account and I personally guaranty the return of the funds in question.

Deposits are normally available two (2) banking days after payroll is processed. It is my responsibility to verify deposits on a per pay period basis before writing checks against these funds. This Authorization can take up to three (3) pay periods to activate. I understand that neither my employer, CEOS Corporation dba @TimePay\$ or Cachet Banq is responsible for bank errors or bank fees. Direct Deposit Financial services are provided in accordance with CEOS Corporation dba @TimePay\$ Direct Deposit Agreement, Cachet Banq / CEOS Corporation dba @TimePay\$ Power of Attorney/Guaranty/Terms and Conditions and the limitations and restrictions of the National Automated Clearing House Association. I may cancel these Direct Deposit(s) at any time.

Name and Title: _____

Signature: _____ Date: _____