



DIRECT DEPOSIT WORKSHEET

ACCOUNT INFORMATION

Savings Checking 100% Net Deposit

Bank Name: _____

Name on Account: _____

Routing Number:

Account Number: _____

I authorize Paycor, Inc., acting on behalf of my employer, 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). This authorization will remain in 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.

Employee Signature: _____ **DATE:** _____

Employee Name: _____

Attach Voided Check Here
(Deposit Slip if Savings)