



# Employee Direct Deposit

Employer: \_\_\_\_\_

New Request

Change Request

Cancellation Request

**Instructions:**

- ✓ Complete the Employee - Required Information section below. **PLEASE PRINT.**
- ✓ Complete the Direct Deposit section to specify where you want your pay deposited.
- ✓ Sign the bottom of the form.
- ✓ Send original form to SJC CPA's

Employee Name: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

**Employee Primary Bank Account Information:**

Attach only a void check, bank letter, or specification sheet. No deposit tickets allowed.

Bank: \_\_\_\_\_ Checking \_\_\_ Savings \_\_\_

Bank Routing No.: \_\_\_\_\_ Account No.: \_\_\_\_\_

**Employee Secondary Bank Account Information (if applicable):**

Bank: \_\_\_\_\_ Checking \_\_\_ Savings \_\_\_

Bank Routing No.: \_\_\_\_\_ Account No.: \_\_\_\_\_

Amount to be deposited to secondary account: \_\_\_\_\_

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

For my convenience, I request that Stroh, Johnson & Company, LLP, CPAs, (hereinafter SJC) directly deposit my wages/salary earned from my employer, into my bank account. I understand that deposit of my earnings into my account by SJC may be an advance of funds on behalf of my employer, which is subject to the successful collection of these funds by SJC from my employer's bank. If, within 30 days of SJC making the deposit into my account, my employer does not make available to SJC the funds that were advanced to make the deposit into my account, I authorize SJC to charge my account to recover said advance. I agree to hold SJC harmless from loss and to indemnify it, limited to the amount of the deposit.

Any dispute arising out of or in connection with this agreement, if not otherwise resolved, shall be determined by arbitration, in accordance with the Rules of the American Arbitration Association, and it is the expressed desire of both parties that the prevailing party be awarded costs and attorney's fees and the award be entered as a judgement in any jurisdiction in which the non-prevailing party does business.

This authorization is to remain in full force and effect and COMPANY and BANK have received written notice from me of its termination is such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it. Five (5) business days Advance Notice will be required before any changes may be made to this account.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_