PAYCHEX Employee Direct Deposit

Employee Instructions: Employee - Required Information 1. Complete the employee required information section. PLEASE PRINT 2. Complete the Direct Deposit section by specifying where you want your pay deposited. Employee Name 3. Sign the bottom of the form. 4. Retain a copy of this form. Send a copy to your employer with an attached voided check or bank letter with Social Security No. Account Number and corresponding Routing/Transit Number. LIST ONLY ONE ACCOUNT I would like my wages/salary deposited to the bank account attached. Checking Account Savings Account Bank Name Bank Name (Attach only a void check, bank letter, or specification (Attach only a void check, bank letter, or specification sheet. Deposit tickets not accepted) sheet. Deposit tickets not accepted) PAYCHEX Use Only Account No. Routing / Transit No. I hereby authorize my employer Noramtec Consultants 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 Paychex, Inc. (hereinafter Paychex) directly deposit my wages/salary earned from my employer, into my bank account. I understand that deposit of my earnings into my account by Paychex may be an advance of funds on behalf of my employer, which is subject to the successful collection of these funds by Paychex from my employers bank If, within 30 days of Paychex making the deposit into my account, my employer does not make available to Paychex the funds that were advanced to make the deposit into my account, I authorize Paychex to charge my account to recover said advance. I agree to hold Paychex harmless from loss and to indemnify it. Limited to the amount of deposit.

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

This authorization is to remain in full force and effect until COMPANY and BANK have received written notice from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Employee Signature:	Date:	
	 _	

Return this form to your employer.