

DIRECT DEPOSIT FORM

Employee Instructions

1. Complete the employee required information section.
2. Complete the Direct Deposit form to specify where you want your pay deposited.
3. Sign bottom of form.
4. Retain a copy of this form. Return original to your employer.

Employer Instructions:

1. Complete the employer required information section to the right.
2. Return the original form to our office (no copies or faxes please)

EMPLOYEE** Required Information

Employee Name: _____
 Social Security No.: _____ / _____ / _____

EMPLOYER * Required Information

Client Name: _____
 Branch/Client No. _____
 Federal Id No. _____

Complete for Direct Deposit

For Checking Accounts : Attach only a void check, bank letter or specification sheet, Deposit tickets not accepted
For Savings Account: Attach only a bank letter or specification sheet, Deposit tickets

<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account Routing Transit Number _____ Account Number _____ Account Title _____ <small>(Account Holder's Name)</small> Bank Name _____ I wish to deposit (check one): <input type="checkbox"/> Entire Net Pay <input type="checkbox"/> _____% of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account Routing Transit Number _____ Account Number _____ Account Title _____ <small>(Account Holder's Name)</small> Bank Name _____ I wish to deposit (check one): <input type="checkbox"/> Entire Net Pay <input type="checkbox"/> _____% of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00
<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account Routing Transit Number _____ Account Number _____ Account Title _____ <small>(Account Holder's Name)</small> Bank Name _____ I wish to deposit (check one): <input type="checkbox"/> Entire Net Pay <input type="checkbox"/> _____% of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00	<input type="checkbox"/> Checking Account <input type="checkbox"/> Savings Account Routing Transit Number _____ Account Number _____ Account Title _____ <small>(Account Holder's Name)</small> Bank Name _____ I wish to deposit (check one): <input type="checkbox"/> Entire Net Pay <input type="checkbox"/> _____% of Net <input type="checkbox"/> Specific Dollar Amount \$ _____ .00

I hereby authorize my employer _____ (herein Company), to deposit any amounts owed me by initiating credit entries to my account at the financial institution (herein Bank) indicated above. Further I authorize bank to accept and 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 Pinnacle Business Services (hereinafter PBS) directly deposit my wages/salary earned from my employer into my bank account. I understand that deposit of my earnings into my account by PBS may be an advance of funds on behalf of my employer, which is subject to the successful collection of these funds by PBS from my employer's bank. If, within 15 days of PBS making the deposit into my account my employer does not make available to PBS the funds that were advanced to make the deposit into my account, I authorize PBS to charge my account to recover said advance. I agree to hold PBS 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 Monterey, CA 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 that the award 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 original form to your employer.