

New Request e Revised (replaces existing direct deposit) e R&L Client ID_0000

Direct Deposit Pre-Authorization (Employee) Agreement

I hereby authorize on this ____ day of _____, _____, _____ (company) and their agent, Intercept Corporation, to initiate electronic debit and or credit entries to the bank account shown below for an allotted amount. I understand that adjustment entries may be made to this account to insure an accurate and balanced accounting (debits and credits must balance) of all transactions. This authorization will remain in effect until;

- a) I notify my Bank and the above named Company in writing to terminate this agreement and give the Bank and the above named Company reasonable time to so terminate the agreement,
- b) The Bank and/or the above named Company have sent me five (5) business days advance written notice of the Bank's and/or Company's termination of this Agreement.

I understand that any cancellation in writing will become effective no earlier than 5 business days after the day the last transaction has cleared and there are no outstanding balances to the account.

I UNDERSTAND THAT INTERCEPT CORPORATION PROVIDES ONLY ITS SERVICES TO PROCESSOR AND COMPANY. INTERCEPT CORPORATION IS NOT A LENDER AND FURNISHES NO FINANCIAL ACCOMMODATIONS TO PROCESSOR, COMPANY AND COMPANY'S TRANSACTEE'S (CUSTOMERS/EMPLOYEE'S). ALL MONEY TO BE TRANSFERRED AS PAYROLL OR ANY OTHER FORM MUST BE COLLATERALLY FUNDED AND FULLY GUARANTEED BY COMPANY. IF THE COMPANY'S DEBIT FOR THE DIRECT DEPOSIT OF PAYROLL IS RETURNED FOR ANY REASON AND INTERCEPT HAS CREDITED MY ACCOUNT, I AUTHORIZE INTERCEPT CORPORATION TO DEBIT MY ACCOUNT FOR AN EQUAL AMOUNT OF THE PAYROLL IN QUESTION AND GUARANTEE FUNDS AVAILABILITY. I WILL TREAT THE TRANSACTION AS A BOUNCED CHECK AND TRY COLLECT MY PAYROLL DIRECTLY FROM THE COMPANY.

Electronic Funds Transfer (15 U.S.C. § 1693): I hereby acknowledge receipt of notice by the financial institution described herewithin of the undersign's liability for an unauthorized electronic fund transfer, duty to promptly report such unauthorized transfers, charges for electronic fund transfers, the right to stop payment or pre-authorized electronic fund transfers, procedure to initiate such stop payment order, the right to receive documentation of electronic fund transfers, and the Bank's liability pursuant to the Electronic Funds Transfer Act found at 15 U.S.C. § 1693, ex el., and as against Intercept Corporation, waives all rights thereunder.

Limitation of Action: Company and/or Company's Transactee will have 60 days from the transaction date to notify Processor, in writing, of any discrepancies, errors or problems with a transaction processed. This will include but not limited to, errors in amounts, erroneous transactions, or other transactions processed. You can telephone us, but by doing so will not preserve your rights. In a letter, give us the following information;

- a) Company transaction was processed under with their Fed Tax ID Number.
- b) The name, account number and ABA number on the transaction in question.
- c) The dollar amount of the transaction in question.
- d) Describe the error and explain why you believe this is an error. If you need more information, describe the item you are unsure of.

We will tell you the results of our investigation within 30 days and will correct any error promptly. If we need more time, we may take up to 45 days to investigate your complaint. For transfers initiated outside the United States or transfers resulting from point of sale or debit/access cards, the time periods for resolving errors will be 45 days and 90 days respectively.

FINANCIAL INSTITUTION

BRANCH

CITY

PHONE NUMBER

PLEASE PRINT YOUR NAME

DATE

--	--	--	--	--	--	--	--	--	--

ROUTING (ABA) NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ACCOUNT NUMBER AT FINANCIAL INSTITUTION

checking / savings (Please Circle)
Direct Deposit Amount by \$_____ (per pay), or by % of Net Pay _____%

Note: Use separate authorizations for additional direct deposits.

Your Signature: _____ S.S. Number: _____

Authorized Signature

**Attached to this authorization is a voided personal check for verification of all checking account information.
Original Signed Document with check must be retained by your employer.**