Direct Deposit Form
Automatic Debit and Credit Agreement For Electronic Funds Transfers

I hereby authorize on this ____ day of _____, _____, to allow both my employer (Paramount Staffing) and Paylocity Inc (Processor) and their agents, to initiate electronic withdrawals and/or deposits 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 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 ANY ELECTRONIC FUNDS PROCESSOR (EFP) PROVIDES ONLY ITS SERVICES TO PROCESSOR AND COMPANY. ALL MONIES TO BE TRANSFERRED AS CREDITS MUST BE COLLATERALLY FUNDED AND ARE FULLY GUARANTEED BY COMPANY. IN THE EVENT COMPANY'S FUNDING FOR A CREDIT IS RETURNED FOR ANY REASON AND EFP HAS CREDITED MONIES TO MY ACCOUNT, I AUTHORIZE EFP TO DEBIT MY ACCOUNT FOR THE AMOUNT OF THE MONIES CREDITED.

Electronic Funds Transfer (15 U.S.C. § 1693): I hereby acknowledge receipt of notice by the financial institution described here within of the undersigned'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, et al., and as against Paylocity and their Electronic Funds Processor, waives all rights thereunder.

Limitation of Action: The undersigned have 60 days from the transaction date to notify the above-referred to company, 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 contact the above-referred to company, but by doing so will not preserve your rights. In a letter, provide the above-referred to company 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.

The above-referred to company will tell you the results of their investigation within 30 days and will correct any error promptly. If they need more time, they 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

Circle Account Type: Checking Savings

Authorized Signature: Social Security Number:

****Attached to this authorization is a voided personal check for verification of all checking account information****

We Cannot Process your direct deposit until we receive a voided check

****Direct deposit takes 3-4 weeks for processing, you will be issued a live check until then****