

# Netpay Plus+, Inc. Employee Leasing Services

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Phone: 818-848-4700

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## EMPLOYEE DIRECT DEPOSIT

### Employee Instructions:

1. Complete the employee required information section.
2. Complete the Direct Deposit section to specify where you want your pay deposited.
3. Sign the bottom of the form.
4. **Retain a copy of this form. Fold and seal the original (tape or staple) and return to your employer.**

### Client Employer Instructions:

1. Complete the employer required information section below.
2. Retain a copy for your employee records.
3. **Return this original form to Netpay Plus+, Inc. (no copies or faxes, please).**

#### **EMPLOYEE – REQUIRED INFORMATION**

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

Social Security No. \_\_\_\_ / \_\_\_\_ / \_\_\_\_

#### **EMPLOYER – REQUIRED INFORMATION**

Client Name \_\_\_\_\_

Federal ID No. \_\_\_\_\_

#### **Complete for DIRECT DEPOSIT**

**I would like my wages/salary deposited to the following bank account(s).**

\_\_\_ Checking

Bank Name \_\_\_\_\_

*(Attached only a void check, bank letter, or specification sheet.  
Deposit tickets no accepted.)*

I wish to deposit (check one):

Entire Net Payment

/ \_\_\_\_ % of Net Payment

Specific Dollar Amount \$ \_\_\_\_ .00

\_\_\_ Savings

Bank Name \_\_\_\_\_

*(Attached only a, bank letter, or specification sheet.  
Deposit tickets no accepted.)*

I wish to deposit (check one):

Entire Net Payment

/ \_\_\_\_ % of Net Payment

Specific Dollar Amount \$ \_\_\_\_ .00

I hereby authorize my 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 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 Netpay Plus+, Inc. (hereinafter Netpay) directly deposit my wages/salary earned from my employer, into my bank account. I understand that deposit of my earnings into my account by Netpay may be an advance of funds on behalf of my employer, which is subject to the successful collection of these funds by Netpay from my employer's bank. If, within 30 days of Netpay making the deposits into my account, my employer does not make available to Netpay the funds that were advanced to make the deposit into my account, I authorize Netpay to charge my account to recover said advance. I agree to hold Netpay 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 Los Angeles, California, 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 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 original form to Netpay Plus+, Inc.**