



DIRECT DEPOSIT AUTHORIZATION

3001 Executive Drive
Suite # 340
St. Petersburg, FL 33762

Email to: engageteam3@engagepeo.com

OR

Fax to: 727-214-9071

Begin Deposits

Change Information

Cancel Deposits

Authorization Agreement

I hereby authorize **Engage PEO** to send electronically, or by any other commercially accepted method, credit entries (deposits) to my account at the financial institution(s) named below. I also authorize **Engage PEO** to make debit and adjustment (withdrawal) entries from the account(s) below in the event that a credit entry is made in error.

Further, I agree not to hold **Engage PEO** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until **Engage PEO** receives a written notice of cancellation from me or my financial institution and has a reasonable opportunity to act on it, or until I timely submit a new direct deposit form to **Engage PEO's** Payroll Department and the Payroll Department has a reasonable opportunity to act on the new form.

ACCOUNT # 1 INFORMATION

Name of Financial Institution:

Routing Number:

Account Number:

Checking

Savings

Percentage or Dollar Amount to be deposited to THIS ACCOUNT each Pay Period:

ACCOUNT #2 INFORMATION

Name of Financial Institution:

Routing Number:

Account Number:

Checking

Savings

Percentage or Dollar Amount to be deposited to THIS ACCOUNT each Pay Period:

SIGNATURE

Print Name:

Signature:

Social Security #
(Last 4 Digits Only):

Date:

- ✓ If depositing to a **Checking Account**, please attach a **Voided Check** for **each** checking account (not a deposit slip)
- ✓ If depositing to a **Savings Account**, please ask your bank to give you the Routing/Transit Number for your account.