



Authorization Agreement for Automatic Deposit Employee ACH

☐ New ☐ Changed

Company Name _____

Bank Account

Bank Name _____

Routing Number _____

Account Number _____

Checking or Savings (Circle One)

Net Pay, check Box ☐

Amount if not Net _____

*Use additional sheets if necessary



Natpay Debit Card

Bank Name Metabank

Routing Number 0739-7218-1

For ASAP to Put NatPay Acct Number

I hereby authorize my employer, and/or ASAP Payroll Service, to initiate credit entries to my account as indicated above. If funds to which I am not entitled are deposited in my account, I authorize my employer, and/or ASAP Payroll Service, to direct the depository bank to return said funds. The authority is to remain in effect until the company has received timely written notice from me of termination or until the company or said depository has sent me ten days written notice of termination of this arrangement. The company may also suspend this arrangement to fulfill lawful wage attachment orders. I understand I am responsible for the validity of the information on this form. Employee will be responsible for any collection and/or legal fees incurred in return of monies not entitled

Name _____

Signature _____

Address _____

City _____ State _____ Zip Code _____ Phone Number _____

Date of Birth _____ Social Security Number _____

Email Address _____ Today's Date _____