



Authorization for Direct Deposit.

I authorize Cymatex Consults LLC. to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford Cymatex Consults LLC a reasonable opportunity to act on it.

Name on bank account: _____

Bank account number: _____ Checking ___ Savings ___

Bank routing number: _____

Amount: \$ ___ N/A _____ or entire paycheck: ___

***Balance of pay to:**

_____ Manual (paper check)

_____ Account described below

***Note:** Split payments may not be available

Name on bank account: _____ N/A _____

Bank account number: _____ Checking ___ Savings ___

Bank routing number: _____

Amount: \$ ___ N/A _____ or entire paycheck: ___

Important: Please attach a voided check for each bank account to which funds should be deposited.

Employee/Contractor Name: _____

Employee/Contractor signature: _____ Date: _____