



Direct Deposit

Employee Authorization and Agreement

Company Name: _____ Company No. _____

Employee Name: _____ Employee No. _____

I authorize my employer as noted above, Sentinel Pension & Payroll, Cachet Banq and all financial institution(s) involved in each transaction to deposit my pay automatically to the indicated account(s) and to make adjusting entries including the removal of funds for entries posted to my account(s) in error.

This sheet only holds information for 3 accounts. Submit additional sheets as necessary.

Account #1

Bank Name: _____

Type of Account: Checking Savings

Bank Routing Code: _____

Account Number: _____

Retype Account Number: _____

Primary Account:

Dollar Amount: _____ Leave blank for your primary account.

Account #2

Bank Name: _____

Type of Account: Checking Savings

Bank Routing Code: _____

Account Number: _____

Retype Account Number: _____

Primary Account:

Dollar Amount: _____ Leave blank for your primary account.

Account #3

Bank Name: _____

Type of Account: Checking Savings

Bank Routing Code: _____

Account Number: _____

Retype Account Number: _____

Primary Account:

Dollar Amount: _____ Leave blank for your primary account.

Deposits are normally available two (2) banking days after payroll is processed. It is my responsibility to verify deposits on a per pay period basis before writing checks against these funds. This Authorization can take up to three (3) pay periods to activate. I understand that neither my employer, Sentinel Pension & Payroll, nor Cachet Banq is responsible for bank errors or bank fees. I may cancel these Direct Deposit(s) at any time.

Signature: _____

Date: _____