



## Direct Deposit Agreement

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

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

Employee SSN: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount to Deposit: \_\_\_\_\_ % or \$ \_\_\_\_\_

Checking: \_\_\_\_\_ or Savings: \_\_\_\_\_

*\*I Grant my employer the right to correct any electronic funds transfer resulting from an overpayment by debilling my account to the extend of such overpayment or any incorrect payment.*

If you receive your final paycheck via direct deposit from Matrix Employee Leasing, then you understand that as of the date of the deposit: (i) your employment with Matrix is terminated; (ii) you are not covered by a workers' compensation insurance policy with or through Matrix; and (iii) you must immediately report to Matrix for reassignment and that unemployment benefits may be denied for your failure to report. This paycheck (or deposit) shall be your final paycheck (or deposit) from Matrix if you fail to receive wages, salary, or other compensation from Matrix on a regularly scheduled payday.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**You Must verify that Your Check has Been Direct Deposited into your account before writing checks**

**A Void Check must be attached in order to set up direct deposit!**

VOIDED CHECK