

**BP Payroll, LLC**  
**P.O. BOX 381024**  
**BIRMINGHAM, AL 35238**  
**205.980.4208 • FAX 888.719.2042**

**AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT**

Date: \_\_\_\_\_ Company Name: \_\_\_\_\_

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

Employee Social Security Number \_\_\_\_\_

To be completed by Employee: I hereby authorize BP Payroll, LLC. to initiate credits to my bank account indicated below and the bank named below to credit the amounts of such entries to said account. It is further agreed that BP Payroll, LLC is also authorized to initiate debits to the same account for the purpose of processing a stop payment or correction on a previously issued deposit should such a stop payment or correction become necessary.

Authorization Type: New \_\_\_\_\_ Change \_\_\_\_\_ Cancel \_\_\_\_\_

Financial Institution: \_\_\_\_\_

Routing/Transit Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Type Account: Checking \_\_\_\_\_ Savings \_\_\_\_\_ Amount \_\_\_\_\_ or Percentage \_\_\_\_\_

Authorizing Individual: \_\_\_\_\_

Signature: \_\_\_\_\_

PLEASE ATTACH A VOIDED CHECK

\*\*Do **not** send a deposit slip as those have internal bank routing numbers\*\*

Automatic deposits will begin ten days after receipt of authorization and will continue until the BP Payroll, LLC has received written notice from the employee of it's termination. Written notice of termination should be provided at least thirty (30) days prior to termination.