



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 extent of such overpayment or any incorrect payment.*

If you receive your final paycheck via direct deposit from MatrixOneSource, then you understand that as of the date of the deposit: (i) your employment with MatrixOneSource is terminated; (ii) you are not covered by a workers' compensation insurance policy with or through MatrixOneSource; and (iii) you must immediately report to MatrixOneSource 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 MatrixOneSource if you fail to receive wages, salary, or other compensation from MatrixOneSource 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