

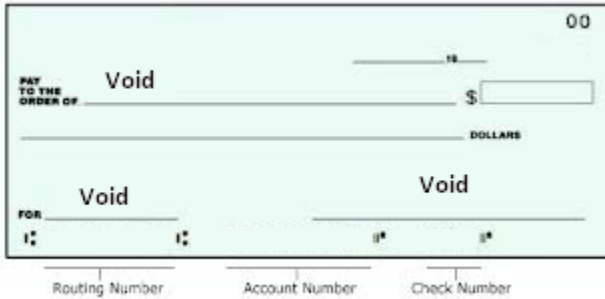
Fax number: 781-341-2001

Employee Direct Deposit Authorization and Agreement

Date: _____ Last 4 digits of Social Security Number: _____

Client #: _____ Company Name: _____

Employee ID #: _____ Employee Name: _____



Place copy of the Void check in box

A copy of a voided check or a bank specification letter is required for verification to setup a checking or savings account.

Bank Name	Last 4 digits of Account number	Circle Account Type	Amount to deposit of net pay
		CHK or SAV	\$ or %
		CHK or SAV	\$ or %

I authorize my employer as noted above, CEOS Corporation dba @TimePay\$, 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 if the employer does not make them available, in which case, I waive any rights I may have to return debit entries to my account and I personally guaranty the return of the funds in question.

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, CEOS Corporation dba @TimePay\$ or Cachet Banq is responsible for bank errors or bank fees. Direct Deposit Financial services are provided in accordance with CEOS Corporation dba @TimePay\$ Direct Deposit Agreement, Cachet Banq / CEOS Corporation dba @TimePay\$ Power of Attorney/Guaranty/Terms and Conditions and the limitations and restrictions of the National Automated Clearing House Association. I may cancel these Direct Deposit(s) at any time.

Employee Signature: _____ Date: _____

Account Holder Signature: _____ Date: _____