



Employee (hereinafter I, me, my) noted below, is hereby requesting direct deposit service by Coastal Payroll Services through their partner bank, Cachet Banq Inc "Cachet".

Employer Name	Employer Number (not required)
Employee Name	Employee Number

Social Security Number

Driver's License Number

I authorize my employer as noted above, Cachet 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 funds in question.

Bank/Credit Union	ABA/Routing Number	State	Type Circle One	Amount	Account Number
			Checking Savings		
			Checking Savings		
			Checking Savings		

Please Check One

	New or Additional Direct Deposit		
	Change the Bank or Account # on and Existing Dir. Deposit	Account number to be replaced:	
	Change the amount of an existing Direct Deposit	Amount was:	New Amount:
	Other, Please Explain:		

I understand that neither my employer nor Cachet is responsible for bank errors or bank fees. It is my responsibility to verify deposits on a per pay period basis before writing checks against these funds. I will check with my bank regarding deposit availability.

***** Please attach a voided check for each account listed above *****

Employee Signature: _____

Date: _____