

**FCC Payroll Service
Direct Debit Agreement Form for Paychecks Only**

Authorization Agreement

I hereby authorize FCC Payroll to initiate automatic debits from my account at the financial institution named below to cover paychecks issued to employees using direct deposit. I also authorize FCC Payroll to make credits to this account in the event that a debit entry is made in error.

Further, I agree not to hold FCC Payroll responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until FCC Payroll receives written notice of cancellation from me or my financial institution, or until I submit a new direct debit form.

Account Information

Name of Financial Institution: _____

Routing Number: _____

Checking Savings

Account Number: _____

Signature (both signatures required for joint accounts)

Authorized Signature (Primary): _____ Date: _____

Primary Signer's Name (Please Print): _____

Authorized Signature (Joint): _____ Date: _____

Joint Signer's Name (Please Print): _____

Please attach a voided check or bank specification sheet.

**Return this form to: 34670 Calcutta Drive, Fremont, CA 94555-3160
Reach us at custserv@fccpayroll.com or 800-616-1268**