

Direct Deposit Enrollment/Change/Cancel Form

Employer Name: _____

To assure prompt and accurate processing of your request, please return this form to either your employer, or fax it to: Riverside (951)656-9276 - Palm Desert (760) 568-3860 or mail it to:

PAYPRO USA, INC
Direct Deposit Enrollment Form
6180 Quail Valley Court
Riverside, CA 92507

NEW DIRECT DEPOSIT ENROLLMENT

Please complete this section to receive your reimbursements as a direct deposit into your designated bank account (**a check copy must be attached, deposit slips are not valid**).

Enroll in the Direct Deposit Option ____ (please Initial)

Authorization - I hereby authorize PayProUSA, Inc. and my Bank, as indicated on the attached check, to initiate entries into my designated account.

If my Bank is ever notified by PayProUSA, Inc. that funds, to which I am not entitled to, have been erroneously deposited into my account, I authorize my Bank to return such funds to PayPro USA, Inc.

CHANGE IN DIRECT DEPOSIT ENROLLMENT

Please complete this section if you wish to make any changes to your Bank information (**a check copy must be attached, deposit slips are not valid**).

Change in Financial Institution _____

CANCEL DIRECT DEPOSIT

Please complete this section if you wish to cancel direct deposits. You must give a 30 day written notice to PayProUSA, Inc. prior to the cancellation date.

Cancel Direct Deposit Authorization _____ (please initial)

Signature

Social Security Number

Date

Last Name

First Name

MI