PayReel Payroll Plus *for TV and Film*

Direct Deposit Authorization

I hereby authorize PayReel, Inc. to initiate credit entries into my account indicated below and the **Depository** financial institution named below to credit the same to such account. If at any time an error of wages or salary so deposited exceeds the amount due to me, I authorize **PayReel, Inc** and the **Depository** to recover overpayment from such account.

Signature ▶	**Date**

Name (First)	(Middle)	(Last)
Mailing Address (Street Address)	**E-Mail Address *Required***	
(City)	(State)	(Zip Code)
Social Security Number		

Financial Institution		
(Branch)	(City)	(State)

Transit Routing Number	**Account Number**
⑆	⑈
ABA	

Please Attach Voided Check Here

Direct Deposit will not be processed without voided check attached

Please Return Completed Form and Voided Check to:
PayReel, Inc * .P.O Box 2101 * Evergreen CO 80437-2101 * Fax 303-379-6335
For more information, Contact patd@payreel.com or vickiem@payreel.com or call 303-526-4900

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