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**

Please Print Legibly

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

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.

Deposit slips will not be accepted.

If you do not have checks, please ask your bank to provide a form with your account information and include it with this form.

Please Return Completed Form and Voided Check to:
PayReel, Inc. * 24928 Genesee Trail Rd #100 * Golden CO 80401 * Fax 303-379-6335
For more information contact patd@payreel.com or vickiem@payreel.com or call 303-526-4900