# Direct Deposit Authorization (ACH)

*Catalyst Performance LLC · Catalyst Physical Therapy & Wellness, Inc. — Employee payroll direct deposit*

This form is fillable — type your details on screen, then print it, sign by hand, and give it to Annie at Mission Valley in person with a voided check or a bank-issued direct deposit letter. Please don't email or text the completed form — it contains your bank account information.

## Employee

**Full legal name:**

**Phone:**

## This authorization applies to payroll from

- ☐ Catalyst Performance LLC
- ☐ Catalyst Physical Therapy & Wellness, Inc.
- ☐ Both companies (same bank account for both payrolls)

## Bank Account

**Bank name:**

**Routing number (9 digits):**

**Account number:**

**Account type:** ☐ Checking ☐ Savings

**Deposit amount:** ☐ Full net pay ☐ Other:

## Authorization

I authorize the company/companies selected above, and their payroll provider, to deposit my net pay to the account listed above by ACH, and, if necessary, to reverse or adjust entries made in error. This authorization stays in effect until I provide written notice to change or cancel it, allowing a reasonable time for the change to take effect. I confirm the account information above is correct and the account is in my name.

**Employee signature (sign after printing):** _____

**Date:**

**Attach:** voided check or bank direct deposit letter

**Office use (Annie):** ☐ Payroll entered — CP LLC ☐ Payroll entered — CPTW ☐ Voided check on file