

DIRECT DEPOSIT AUTHORIZATION FORM

Payroll Deposit Enrollment / Change / Cancellation

COMPANY INFORMATION

Company Name: _____

EMPLOYEE INFORMATION

Employee Name: _____

Employee ID: _____

SSN (Last 4): _____

Street Address: _____

City, State, Zip: _____

BANK ACCOUNT DETAILS (ACCOUNT 1)

Bank Name: _____

Routing Number: _____

Account Number: _____

Account Type:

Checking Savings

Deposit Amount:

Full Amount (100%) Specific Dollar Amount: \$ _____
Specific Percentage: _____%

BANK ACCOUNT DETAILS (ACCOUNT 2 - OPTIONAL)

Bank Name: _____

Routing Number: _____

Account Number: _____

Account Type:

Checking Savings

Deposit Amount:

Remaining Balance Specific Dollar Amount: \$ _____
Specific Percentage: _____%

AUTHORIZATION & SIGNATURE

I hereby authorize the Employer listed above to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to my account(s) indicated above. This authorization is to remain in full force and effect until the Employer has received written notification from me of its termination in such time and in such manner as to afford the Employer and Depository a reasonable opportunity to act on it.

Employee Signature: _____

Date: _____

* Please attach a **Voided Check** for checking accounts or a **Direct Deposit Letter** from your financial institution to verify your account and routing numbers.