DIRECT DEPOSIT AUTHORIZATION FORM

Employee Enrollment Template

COMPANY INFORMATION

COMPANY NAME

PAYROLL CONTACT/DEPARTMENT

EMPLOYEE INFORMATION

EMPLOYEE FULL NAME

EMPLOYEE ID / SSN (LAST 4 DIGITS)

EMAIL ADDRESS

PHONE NUMBER

ACCOUNT INFORMATION: ACCOUNT 1 (PRIMARY)

BANK NAME

ACCOUNT TYPE

◯ CHECKING ◯ SAVINGS

ROUTING NUMBER (9 DIGITS)

ACCOUNT NUMBER

DEPOSIT AMOUNT

◯ ENTIRE NET AMOUNT (100%) ◯ SPECIFIC DOLLAR AMOUNT: $_____ ◯ SPECIFIC PERCENTAGE: _____%

ACCOUNT INFORMATION: ACCOUNT 2 (OPTIONAL)

BANK NAME

ACCOUNT TYPE

◯ CHECKING ◯ SAVINGS

ROUTING NUMBER (9 DIGITS)

ACCOUNT NUMBER

DEPOSIT AMOUNT

○ REMAINING NET BALANCE ○ SPECIFIC DOLLAR AMOUNT: $_____

AUTHORIZATION STATEMENT

I hereby authorize the Employer listed above to deposit my net pay and/or a designated portion of my pay directly into the financial institution(s) and account(s) indicated on this form. 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 the Financial Institution a reasonable opportunity to act on it. In the event that the Employer deposits funds erroneously into my account, I authorize the Employer to debit my account for an amount not to exceed the original amount of the erroneous credit.

EMPLOYEE SIGNATURE

DATE

Submission Instructions:

- Please verify that your routing and account numbers are correct to avoid payroll delays.
- Attach a voided check or a direct deposit letter from your bank for each account listed.
- Submit this completed form to the payroll department.