

DIRECT DEPOSIT AUTHORIZATION FORM

Payroll Account Information

Instructions: Please complete all sections of this form to authorize direct deposit of your paychecks. Return the completed and signed form to the HR or Payroll department.

COMPANY INFORMATION

COMPANY NAME

DATE

EMPLOYEE INFORMATION

EMPLOYEE FULL NAME

EMPLOYEE ID / SSN (LAST 4 DIGITS)

ADDRESS

PHONE NUMBER

EMAIL ADDRESS

BANK ACCOUNT INFORMATION

BANK NAME

ACCOUNT TYPE

Checking

ROUTING NUMBER (9 DIGITS)

Savings

ACCOUNT NUMBER

DEPOSIT AMOUNT

Entire Net Pay

Specific Amount (\$ _____)

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

EMPLOYEE SIGNATURE

DATE

ATTACH A VOIDED CHECK OR BANK SPECIFICATION LETTER HERE

