

# EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

Payroll Department

## EMPLOYEE INFORMATION

FULL NAME

EMPLOYEE ID

STREET ADDRESS

CITY, STATE, ZIP

PHONE NUMBER

## PRIMARY BANK ACCOUNT DETAILS

BANK NAME

ACCOUNT TYPE

Checking

Savings

ROUTING NUMBER (9 DIGITS)

ACCOUNT NUMBER

DEPOSIT AMOUNT / %

Specify % or "Full Net Amount"

## SECONDARY BANK ACCOUNT DETAILS (OPTIONAL)

BANK NAME

ACCOUNT TYPE

Checking

Savings

ROUTING NUMBER (9 DIGITS)

**ACCOUNT NUMBER**

**DEPOSIT AMOUNT / %**

**AUTHORIZATION STATEMENT**

I hereby authorize my employer 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 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.

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**EMPLOYEE SIGNATURE**

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**DATE**