

# PAYROLL DIRECT DEPOSIT AUTHORIZATION

## Employee Bank Account Information Sheet

Please complete all sections below to authorize direct deposit of your payroll funds. Return this completed and signed form along with a voided check or official bank letter to the payroll department.

### EMPLOYEE INFORMATION

FULL NAME

EMPLOYEE ID

ADDRESS

PHONE NUMBER

EMAIL ADDRESS

### PRIMARY BANK ACCOUNT INFORMATION

BANK NAME

ACCOUNT TYPE

Checking

Savings

ROUTING TRANSIT NUMBER (9 DIGITS)

ACCOUNT NUMBER

DEPOSIT ALLOCATION

Full Net Pay

Specific Dollar Amount: \$ \_\_\_\_\_

Specific Percentage: \_\_\_\_\_ %

### SECONDARY BANK ACCOUNT INFORMATION (OPTIONAL)

BANK NAME

ACCOUNT TYPE

Checking

Savings

ROUTING TRANSIT NUMBER (9 DIGITS)

ACCOUNT NUMBER

**DEPOSIT ALLOCATION**

- Remaining Net Balance
- Specific Dollar Amount: \$ \_\_\_\_\_
- Specific Percentage: \_\_\_\_\_ %

I hereby authorize the 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 Employer has received written notification from me of its termination in such time and in such manner as to afford the Employer and the Depository Financial Institution a reasonable opportunity to act on it.

**EMPLOYEE SIGNATURE**

\_\_\_\_\_

**DATE**

\_\_\_\_\_