DIRECT DEPOSIT AUTHORIZATION FORM

PAYROLL ACCOUNT SETUP

EMPLOYER INFORMATION

COMPANY NAME

EMPLOYEE INFORMATION

FULL NAME

EMPLOYEE ID

STREET ADDRESS

PHONE NUMBER

EMAIL ADDRESS

ACCOUNT INFORMATION (PRIMARY ACCOUNT)

BANK NAME

ACCOUNT TYPE

- ○ CHECKING
- ○ SAVINGS

ROUTING NUMBER (9 DIGITS)

ACCOUNT NUMBER

DEPOSIT AMOUNT

- ○ ENTIRE NET PAY
- ○ PERCENTAGE (%)
- ○ SPECIFIC DOLLAR AMOUNT ($)

ACCOUNT INFORMATION (SECONDARY ACCOUNT - OPTIONAL)

BANK NAME

ACCOUNT TYPE

- ○ CHECKING
- ○ SAVINGS

ROUTING NUMBER (9 DIGITS)

ACCOUNT NUMBER

DEPOSIT AMOUNT

- ○ REMAINING BALANCE
- ○ PERCENTAGE (%)
- ○ SPECIFIC DOLLAR AMOUNT ($)

PLEASE ATTACH A VOIDED CHECK OR BANK LETTER

Please attach a voided check or formal bank specification letter for each account designated above to ensure accurate processing. Do not attach a deposit slip.

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 at the depository financial institution(s) named 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 a reasonable opportunity to act on it.

EMPLOYEE SIGNATURE

DATE