

# DIRECT DEPOSIT AUTHORIZATION FORM

Employee Bank Account Details for Payroll

## Employee Information

EMPLOYEE FULL NAME

EMPLOYEE ID

DEPARTMENT

EMAIL ADDRESS

## Primary Bank Account Details

BANK NAME

ACCOUNT TYPE

CHECKING  SAVINGS

ROUTING NUMBER (9 DIGITS)

ACCOUNT NUMBER

DEPOSIT AMOUNT

FULL NET PAY  SPECIFIC DOLLAR AMOUNT (\$)  SPECIFIC PERCENTAGE (%)

## Secondary Bank Account Details (Optional)

BANK NAME

ACCOUNT TYPE

CHECKING  SAVINGS

ROUTING NUMBER (9 DIGITS)

ACCOUNT NUMBER

DEPOSIT AMOUNT

REMAINING NET PAY  SPECIFIC DOLLAR AMOUNT (\$)  SPECIFIC PERCENTAGE (%)

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ATTACH A VOIDED CHECK HERE

### Authorization & Signature

I hereby authorize my employer to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries 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.

EMPLOYEE SIGNATURE

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DATE

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