

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

Payroll Direct Deposit Bank Details

Instructions:

- To enroll in direct deposit, please complete this form in its entirety.
- Attach a voided check or bank letter for each account specified below to verify routing and account numbers.
- Return the completed form to the HR or Payroll department.

COMPANY INFORMATION

COMPANY NAME

DATE

EMPLOYEE INFORMATION

EMPLOYEE FULL NAME

EMPLOYEE ID / SSN (LAST 4 DIGITS)

STREET ADDRESS

PHONE NUMBER

EMAIL ADDRESS

ACCOUNT 1 (PRIMARY ACCOUNT)

BANK NAME

ACCOUNT TYPE

 CHECKING SAVINGSROUTING NUMBER (9 DIGITS)

ACCOUNT NUMBER

DEPOSIT AMOUNT

 ENTIRE NET PAY SPECIFIC AMOUNT \$

ACCOUNT 2 (SECONDARY ACCOUNT - OPTIONAL)

BANK NAME

ACCOUNT TYPE

CHECKING SAVINGS

ROUTING NUMBER (9 DIGITS)

ACCOUNT NUMBER

DEPOSIT AMOUNT

REMAINING BALANCE SPECIFIC AMOUNT \$

AUTHORIZATION & AGREEMENT

I hereby authorize the Employer listed above to deposit my net pay and/or a designated portion of my pay directly into the financial institution(s) and account(s) listed on this form. I also authorize the Employer to debit or adjust my account(s) to correct any transaction made in error, provided that I am notified of such adjustments. 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 financial institution a reasonable opportunity to act on it.

EMPLOYEE SIGNATURE

DATE

ATTACH VOIDED CHECK OR BANK LETTER HERE