

DIRECT DEPOSIT AUTHORIZATION FORM

Payroll Account Information

COMPANY INFORMATION

Company Name _____

EMPLOYEE INFORMATION

Employee Name _____

Employee ID _____

Street Address _____

City, State, Zip _____

Phone Number _____

BANK ACCOUNT DETAILS

Please provide the primary account details where your payroll funds should be deposited.

Bank Name _____

Account Type

Checking

Savings

Routing Number _____

Account Number _____

Deposit Allocation

Full Amount

Specific Amount / %: _____

AUTHORIZATION

I hereby authorize the Employer listed above to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account indicated above, and the depository named above to credit and/or debit the same to such account. 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 Depository a reasonable opportunity to act on it.

EMPLOYEE SIGNATURE

DATE

REQUIRED ATTACHMENT

ATTACH A VOIDED CHECK OR OFFICIAL BANK LETTER HERE