DIRECT DEPOSIT AUTHORIZATION FORM

Electronic Funds Transfer (EFT) Authorization

COMPANY INFORMATION

COMPANY NAME

ID / REFERENCE NUMBER

EMPLOYEE / RECIPIENT INFORMATION

FULL NAME

EMPLOYEE ID NUMBER

ADDRESS

EMAIL ADDRESS

PHONE NUMBER

ACCOUNT INFORMATION (PRIMARY ACCOUNT)

FINANCIAL INSTITUTION (BANK NAME)

ACCOUNT TYPE

- ☐ Checking
- ☐ Savings

ROUTING NUMBER (9 DIGITS)

ACCOUNT NUMBER

DEPOSIT AMOUNT

- ☐ Full Net Pay

ACCOUNT INFORMATION (SECONDARY ACCOUNT - OPTIONAL)

FINANCIAL INSTITUTION (BANK NAME)

ACCOUNT TYPE

- ☐ Checking
- ☐ Savings

ROUTING NUMBER (9 DIGITS)

ACCOUNT NUMBER

SPECIFIC DEPOSIT AMOUNT / PERCENT

ATTENTION: Please attach a voided check or a formal bank letter of account verification for each account specified above to ensure accurate routing.

AUTHORIZATION & AGREEMENT

I hereby authorize the Company named 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. 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 the Financial Institution a reasonable opportunity to act on it.

AUTHORIZED SIGNATURE

DATE