

# DIRECT DEPOSIT AUTHORIZATION FORM

## Employee Bank Account Information

Please complete all fields below to authorize direct deposit payments. Attach a voided check for checking account verifications.

### EMPLOYEE INFORMATION

FULL NAME \_\_\_\_\_

EMPLOYEE ID \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_

### ACCOUNT INFORMATION (PRIMARY ACCOUNT)

BANK NAME \_\_\_\_\_

ACCOUNT TYPE

Checking

Savings

ROUTING NUMBER (9 DIGITS) \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

DEPOSIT AMOUNT

Entire Net Amount

Specific Dollar Amount / %:

### ACCOUNT INFORMATION (SECONDARY ACCOUNT - OPTIONAL)

BANK NAME \_\_\_\_\_

ACCOUNT TYPE

Checking

Savings

ROUTING NUMBER (9 DIGITS) \_\_\_\_\_

ACCOUNT NUMBER \_\_\_\_\_

DEPOSIT AMOUNT

Remaining Net Balance

Specific Dollar Amount / %:

I hereby authorize the Employer 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 Employer has received written notification from me of its termination in such time and in such manner as to afford the Employer and the Bank a reasonable opportunity to act on it.

EMPLOYEE SIGNATURE

---

DATE