DIRECT DEPOSIT AUTHORIZATION FORM

COMPANY INFORMATION

Company Name _____

EMPLOYEE INFORMATION

Employee Name _____

Street Address _____

City, State, Zip _____

Employee ID / SSN _____

BANK ACCOUNT INFORMATION (PRIMARY ACCOUNT)

Bank Name _____

Account Type

☐ Checking
☐ Savings

Routing Number _____

Account Number _____

Deposit Amount

☐ Entire Net Amount
☐ Specific Amount $ _____

BANK ACCOUNT INFORMATION (SECONDARY ACCOUNT - OPTIONAL)

Bank Name _____

Account Type

☐ Checking
☐ Savings

Routing Number _____

Account Number _____

Deposit Amount

☐ Remaining Net Amount

☐ Specific Amount $ _____

AUTHORIZATION & SIGNATURE

I hereby authorize the Employer listed above to deposit any amounts owed to me by initiating credit entries to my account(s) at the financial institution(s) indicated on this form. Further, I authorize the financial institution(s) to accept and to credit any credit entries indicated by the Employer to my account(s). In the event that the Employer deposits funds erroneously into my account(s), I authorize the Employer to debit my account(s) for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until the Employer has received written notice from me of its termination in such time and manner as to afford the Employer and the financial institution a reasonable opportunity to act on it.

_____

EMPLOYEE SIGNATURE

_____

DATE