

# DIRECT DEPOSIT AUTHORIZATION FORM

## Payroll Enrollment & Account Details

### EMPLOYEE INFORMATION

FULL NAME

EMPLOYEE ID

STREET ADDRESS

PHONE NUMBER

EMAIL ADDRESS

### PRIMARY ACCOUNT DETAILS

Specify the account where the majority or entirety of your net pay should be deposited.

BANK NAME

ACCOUNT TYPE

CHECKING

SAVINGS

ROUTING NUMBER (9 DIGITS)

ACCOUNT NUMBER

DEPOSIT AMOUNT (E.G., ENTIRE NET PAY, OR SPECIFIC DOLLAR AMOUNT/PERCENTAGE)

### SECONDARY ACCOUNT DETAILS (OPTIONAL)

Complete this section only if you wish to split your deposit between two accounts.

BANK NAME

ACCOUNT TYPE

CHECKING

**ROUTING NUMBER (9 DIGITS)**

**ACCOUNT NUMBER**

**DEPOSIT AMOUNT (REMAINING NET PAY, OR SPECIFIC DOLLAR AMOUNT/PERCENTAGE)**

I hereby authorize my employer to deposit my net pay/salary electronically into the account(s) indicated above. I also authorize my employer and the depository institution(s) listed above to initiate any corrective debit or credit entries in the event of any administrative error regarding my payroll deposit. 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 financial institution a reasonable opportunity to act on it.

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**EMPLOYEE SIGNATURE**

**DATE**