# DIRECT DEPOSIT AUTHORIZATION FORM

**Payroll Department**

## COMPANY INFORMATION

**COMPANY NAME** _____

## EMPLOYEE INFORMATION

**EMPLOYEE FULL NAME** _____

**EMPLOYEE ID** _____

**STREET ADDRESS** _____

**CITY** _____

**STATE** _____

**ZIP CODE** _____

**PHONE NUMBER** _____

**EMAIL ADDRESS** _____

## ACCOUNT INFORMATION (PRIMARY ACCOUNT)

**BANK NAME** _____

**ACCOUNT TYPE**

☐ Checking
☐ Savings

**ROUTING NUMBER (9 DIGITS)** _____

**ACCOUNT NUMBER** _____

**DEPOSIT AMOUNT / %** _____

## ACCOUNT INFORMATION (SECONDARY ACCOUNT - OPTIONAL)

**BANK NAME** _____

**ACCOUNT TYPE**

☐ Checking
☐ Savings

**ROUTING NUMBER (9 DIGITS)** _____

**ACCOUNT NUMBER** _____

**DEPOSIT AMOUNT / %** _____

I hereby authorize the Employer named above to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated above at the depository financial institution(s) named 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 Depository a reasonable opportunity to act on it.

**EMPLOYEE SIGNATURE**

**DATE**

ATTACH A VOIDED CHECK HERE FOR CHECKING ACCOUNTS