

BANK DETAILS COLLECTION FORM

Payroll Department Authorization for Direct Deposit

EMPLOYEE INFORMATION

FULL NAME

EMPLOYEE ID

DEPARTMENT

JOB TITLE

EMAIL ADDRESS

PHONE NUMBER

BANK ACCOUNT DETAILS

BANK NAME

ROUTING TRANSIT NUMBER / SORT CODE

ACCOUNT NUMBER / IBAN

BRANCH ADDRESS / CITY

ACCOUNT TYPE

CHECKING / CURRENT SAVINGS

AUTHORIZATION AGREEMENT

I hereby authorize the Employer to deposit my net pay and any other payroll-related payments directly into the bank account specified above. I also authorize the Bank to accept these deposits. In the event that the Employer deposits funds erroneously into my account, I authorize the Employer to debit my account 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 notification from me of its termination in such time and in such manner as to afford the Employer and Bank a reasonable opportunity to act on it.

EMPLOYEE SIGNATURE

DATE (DD/MM/YYYY)

Please attach a voided check or an official bank letter confirming your routing and account numbers to verify accuracy.