

PAYROLL BANK ACCOUNT INFORMATION

Direct Deposit Authorization Form

EMPLOYEE INFORMATION

Full Name

Employee ID

Department

Phone Number

PRIMARY ACCOUNT DETAILS (100% OF PAY OR NET BALANCE)

Bank Name

Account Holder Name

Routing Transit Number (9 Digits)

Account Number

Account Type

Checking Savings

SECONDARY ACCOUNT DETAILS (OPTIONAL / SPLIT DEPOSIT)

Bank Name

Deposit Amount (\$ or %)

Routing Transit Number (9 Digits)

Account Number

Account Type

Checking **Savings**

I hereby authorize the Employer to deposit my net pay/designated amounts into the financial institution(s) indicated above. I also authorize the Employer to initiate, if necessary, debit entries and adjustments for any credit entries made in error to my account. This authorization will remain in effect until the Employer receives written notification from me of its termination.

Employee Signature

Date