DIRECT DEPOSIT AUTHORIZATION FORM

Payroll Department

Please complete all fields below to authorize direct deposit of your payroll disbursements. Ensure all banking details are verified with your financial institution.

1. EMPLOYEE INFORMATION

FULL NAME _____

EMPLOYEE ID / SSN (LAST 4 DIGITS) _____

STREET ADDRESS _____

CITY _____

STATE _____

ZIP CODE _____

PHONE NUMBER _____

EMAIL ADDRESS _____

2. PRIMARY ACCOUNT INFORMATION

BANK NAME _____

ACCOUNT TYPE

- ☐ Checking
- ☐ Savings

ROUTING NUMBER (9 DIGITS) _____

ACCOUNT NUMBER _____

DEPOSIT AMOUNT

- ☐ Entire Net Pay
- ☐ Specific Dollar Amount: $_____
- ☐ Specific Percentage: _____%

3. SECONDARY ACCOUNT INFORMATION (OPTIONAL)

BANK NAME _____

ACCOUNT TYPE

- ☐ Checking
- ☐ Savings

ROUTING NUMBER (9 DIGITS) _____

ACCOUNT NUMBER _____

DEPOSIT AMOUNT

- ☐ Remaining Net Pay Balance
- ☐ Specific Dollar Amount: $_____

ATTACH A VOIDED CHECK OR BANK LETTER HERE

4. AUTHORIZATION & AGREEMENT

I hereby authorize my employer to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to my account(s) listed above. This authority is to remain in full force and effect until my employer has received written notification from me of its termination in such time and in such manner as to afford my employer and the depository financial institution a reasonable opportunity to act on it.

EMPLOYEE SIGNATURE

DATE