DIRECT DEPOSIT AUTHORIZATION FORM

ACH Authorization Agreement for Payroll

COMPANY INFORMATION

Company Name

Employer Identification Number (EIN)

EMPLOYEE INFORMATION

Employee Full Name

Employee ID

Street Address

Phone Number

BANK ACCOUNT INFORMATION

Bank Name & Branch	Routing Number (9 Digits)	Account Number	Account Type	Deposit Amount / %
			☐ Checking	
			☐ Savings ☐ Checking ☐ Savings	

AUTHORIZATION STATEMENT

I hereby authorize the Employer listed 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. I acknowledge that the origination of ACH transactions to my account(s) must comply with the provisions of U.S. law. 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 the Depository Institution a reasonable opportunity to act on it.

Employee Signature

Date

ATTACH A VOIDED CHECK HERE FOR ACCOUNT VERIFICATION