

DIRECT DEPOSIT AUTHORIZATION FORM

Payroll Bank Account Information

Please complete all fields below to authorize direct deposit payments. Standard processing time may take up to one to two pay cycles after submission.

EMPLOYEE INFORMATION

Employee Name

Employee ID

Address

Phone Number

Email Address

PRIMARY ACCOUNT INFORMATION

Bank Name

Account Type

Checking

Savings

Routing Number (9 Digits)

Account Number

Deposit Amount (e.g., Full Net Pay, % of Net, or \$ Amount)

SECONDARY ACCOUNT INFORMATION (OPTIONAL)

Bank Name

Account Type

Checking

Savings

Routing Number (9 Digits)

Account Number

Deposit Amount (e.g., Remaining Net, %of Net, or \$ Amount)

AUTHORIZATION AGREEMENT

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

Employee Signature

Date