DIRECT DEPOSIT AUTHORIZATION FORM

Employee Payroll Agreement

COMPANY INFORMATION

Company Name

_____

EMPLOYEE INFORMATION

Employee Full Name

_____

Employee ID / SSN (Last 4 Digits)

_____

Street Address

_____

City, State, Zip

_____

Phone Number

_____

ACCOUNT INFORMATION: ACCOUNT 1

Bank Name

_____

Account Type

☐ Checking

☐ Savings

Routing Transit Number (9 Digits)

_____

Account Number

_____

Deposit Amount

☐ Entire Net Amount

☐ Specific Dollar Amount $_____

☐ Percentage _____%

~~ACCOUNT INFORMATION: ACCOUNT 2 (OPTIONAL)~~

Bank Name

_____

Account Type

☐ Checking

☐ Savings

Routing Transit Number (9 Digits)

_____

Account Number

_____

Deposit Amount

☐ Remaining Net Balance

Specific Dollar Amount $_____

AUTHORIZATION AGREEMENT

Percentage _____%

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. 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 Depository a reasonable opportunity to act on it.

Employee Signature

_____

Date

_____

Important Instructions:

- Please attach a voided check for each checking account specified above to verify bank routing and account numbers.
- Do not use a deposit slip, as routing numbers on deposit slips may differ from direct deposit routing numbers.
- Please allow one to two pay cycles for the direct deposit authorization to become effective.