

DIRECT DEPOSIT AUTHORIZATION FORM

Payroll Department

Company Information

Company Name

Employee Information

Full Name

Employee ID

Street Address

Phone Number

Email Address

Primary Account Details

Bank Name

Account Type

Checking Savings

Routing Number (9 Digits)

Account Number

Deposit Amount

Entire Net Amount (100%) Specific Amount / Percentage

Amount (\$ or %)

Secondary Account Details (Optional)

Bank Name

Account Type

Checking Savings

Routing Number (9 Digits)

Account Number

Deposit Amount

Remaining Net Amount Specific Amount / Percentage

Amount (\$ or %)

Please attach a voided check or official bank direct deposit letter for each checking account specified above.

I hereby authorize the Company named above 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 authorization is to remain in full force and effect until the Company has received written notification from me of its termination in such time and in such manner as to afford the Company and Bank a reasonable opportunity to act on it.

Employee Signature

Date