

DIRECT DEPOSIT AUTHORIZATION

Bank Details Change Request

1. EMPLOYEE INFORMATION

Employee Full Name

Employee ID / Number

Department

Phone Number

2. TYPE OF REQUEST

- New Direct Deposit
 Change Existing Account
 Cancel Direct Deposit

3. BANK ACCOUNT INFORMATION

Please details below. If setting up splits across multiple accounts, specify the deposit allocation (e.g., % of net pay or specific \$ amount).

Bank Name	Routing Number (9 Digits)	Account Number	Account Type	Allocation (\$, % or Remaining Balance)
			▼	
			▼	

4. AUTHORIZATION & SIGNATURE

I hereby authorize the employer to deposit my net pay into the bank account(s) specified above. I also authorize the bank to accept these deposits. This authorization remains in effect until the employer receives written notification from me of its termination.

Employee Signature

Date
