

Direct Deposit Authorization

Company Name: _____

Employee Name: _____

If you choose to have payroll deposited into a checking or savings account, please complete this form and return it along with a voided check from the applicable account.

Bank Account #1: Checking Savings

Bank Name: _____

Account number (include all digits exactly as written):

ABA #: _____ Acct. # _____

I wish to deposit: Entire net pay Specific dollar amount: \$ _____

Bank Account #2: Checking Savings

Bank Name: _____

Account number (include all digits exactly as written):

ABA #: _____ Acct. # _____

I wish to deposit: Entire net pay Specific dollar amount: \$ _____

Bank Account #3: Checking Savings

Bank Name: _____

Account number (include all digits exactly as written):

ABA #: _____ Acct. # _____

I wish to deposit: Entire net pay Specific dollar amount: \$ _____

I hereby authorize Company and its payroll service agents to deposit funds as indicated above on my behalf. Adjusting entries to correct errors is also authorized. This process may be discontinued at my request with ten (10) days written notice. When a direct deposit account is initially set up, I realize it can take up to 2 pay periods for the set up to become effective.

Employee Signature

Date