

Direct Deposit Authorization Form

Company Name _____

Employee Name _____

You may deposit your net wages into a single account, or you may divide your wages over multiple checking or savings accounts. Please fill out the information below on each account you wish to have your money deposited into. Please be sure to attach a voided check for each account listed.

Account #1	Select Account Type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Name:			
Bank Address:			
Routing Number:		Account Number:	
Deposit amount requested	%		\$

Account #2	Select Account Type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Name:			
Bank Address:			
Routing Number:		Account Number:	
Deposit amount requested	%		\$

Account #3	Select Account Type	<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Name:			
Bank Address:			
Routing Number:		Account Number:	
Deposit amount requested	%		\$

I hereby authorize the Payroll company to deposit my paycheck electronically as specified into the above mentioned accounts. In addition, I authorize the Payroll company to debit my account if any errors in processing occur. This authorization is effective immediately, and will remain in effect until I notify my employer in writing to terminate this authorization. I understand that my employer may cancel this agreement upon notice to me, and that, at the discretion of the company, this authorization may not apply to any payment due at termination of employment.

Signature

Date