

Employee Direct Deposit Authorization Form

Direct Deposit Authorization Agreement

I hereby authorize _____ ("Company") to initiate automatic credit or debit entries to my accounts at the financial institutions named below. This authority 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 the Financial Institution a reasonable opportunity to act on it. I understand this authorization is for direct deposit of the payroll from my employer _____.

Employee Information

Employee Name: _____
Employee ID (optional): _____ SSN (optional): _____

Account Information 1

Name of Financial Institution: _____
Routing Number: _____
Account Number: _____

Checking Savings

Account Information 2 (Optional)

Name of Financial Institution: _____
Routing Number: _____
Account Number: _____

Checking Savings

Signature

Authorized Signature (Primary): _____ Date: _____
Authorized Signature (Joint): _____ Date: _____

***** PLEASE ATTACH VOIDED CHECK *****