

**Direct Deposit Authorization**

\_\_\_\_\_ is pleased to offer direct deposit of employee paychecks to the bank(s) and account(s) of your choice. To arrange for direct deposit:

- \_\_\_ Complete the employee portion of this form.
- \_\_\_ Attach a voided personal check and/or personalized deposit slip to this form to verify your account number and bank routing number.
- \_\_\_ Return the completed form to \_\_\_\_\_

**\*\*NOTIFY US IMMEDIATELY IF YOU CLOSE OR CHANGE BANK ACCOUNTS\*\***

**TO BE COMPLETED BY EMPLOYEE**

\_\_\_\_\_ New Enrollment \_\_\_\_\_ Cancel Enrollment

I hereby authorize \_\_\_\_\_ to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account indicated below and the depository name(s) below, hereinafter called depository, to credit and/or debit the same as such:

NAME: \_\_\_\_\_ -\_\_\_\_\_-\_\_\_\_\_  
(Please print your name as it appears on your account) (Social Security #)

ACCOUNT TYPE: \_\_\_ Checking \_\_\_ Savings AMOUNT: \$ \_\_\_\_\_

BANK: \_\_\_\_\_ TELEPHONE #:(\_\_\_\_)\_\_\_\_-\_\_\_\_\_  
(Name and Address)

ACCOUNT #: \_\_\_\_\_ BANK ROUTING #: \_\_\_\_\_

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(Use extra sheets for additional deposit distributions.)

EMPLOYEE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

The 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 depository a reasonable opportunity to act on it.

**TO BE COMPLETED BY PAYROLL**

BANK#(s): \_\_\_\_\_ ; \_\_\_\_\_

PRENOTE DATE: \_\_\_\_\_ ; \_\_\_\_\_