



DIRECT DEPOSIT AUTHORIZATION FORM

Employee Full Name

Company Name

Bank Account

Name on Account *

Account Type * ___ Checking or ___ Savings?

Bank Name *

9 Digit Routing Number *

Account Number *

Amount (select one) *

1. ___ Entire Paycheck
2. ___ Deposit the flat amount of \$ _____
3. ___ Deposit ___% of the total amount

(Optional, if more than one bank account fill-in below)

Name on Account *

Account Type * ___ Checking or ___ Savings?

Bank Name *

9 Digit Routing Number *

Account Number *

Amount (select one) *

1. ___ Entire Paycheck
2. ___ Deposit the flat amount of \$ _____
3. ___ Deposit ___% of the total amount

Bank Account Verification

attach a voided check for each account here

Authorization

This authorizes the company to initiate automatic deposits to my account(s) identified above. I further agree not to hold the company responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution. This authorization will remain in effect until the company receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit authorization form.

Signature

Date