

Employee Direct Deposit Authorization Form

To be retained by Employer. Keep in your Employee files.

Photocopy this form and distribute a copy to each employee participating in Direct Deposit.

	Account One	Account Two	Account Three	Account Four
Bank Name	<input type="checkbox"/> Savings	<input type="checkbox"/> Savings	<input type="checkbox"/> Savings	<input type="checkbox"/> Savings
Bank Address	<input type="checkbox"/> Checking	<input type="checkbox"/> Checking	<input type="checkbox"/> Checking	<input type="checkbox"/> Checking
Bank City, State, Zip	Amount for this Account:	Amount for this Account:	Amount for this Account:	Amount for this Account:
Routing/Transit No.	REMAINDER	\$ _____	\$ _____	\$ _____
Account No.		or _____ %	or _____ %	or _____ %
	Staple Voided Check Here	Staple Voided Check Here	Staple Voided Check Here	Staple Voided Check Here
	Label it ①	Label it ②	Label it ③	Label it ④

I authorize my employer, _____, and its Agents, including Financial Institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts listed above. This authorization will remain in effect until I have informed my employer in writing that I wish to cancel it and my employer has had reasonable time to effect such cancellation.

Employee Signature _____

Date _____