## **Employee Direct Deposit Authorization Form**

## Do NOT send or fax to National Payment Corporation!

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

	Bank Name	This is a:	
Account One	Bank Address	Checking Account check here, and label it	Staple voided
	Bank City, State, Zip  Routing/Transit No.  I:  Account No.		•
		\$0K%	
Account Two	Bank Name  Bank Address  Bank City, State, Zip  Routing/Transit No.  I:  Account No.	This is a:  Savings Account Checking Account Paycard Account Amount for this account:  OR%	Staple voided check here, and label it "Account Two"
I authorize my employer, 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.			
Employee Signature		Date	
	Employee should return this Direct Den	osit Authorization Form to emr	olover

Dear Employee,

Please complete the above form, detach and return to your Payroll Dept. After your FIRST Payroll Direct Deposit, sign up online to get your FREE EZPaynote!

EZPaynote sends an email and/or cell phone text message to you the day before payday advising you of your pay amount! You will always know when you've got pay with EZPaynote!

Sign up takes only minutes, and best of all – it's FREE!
Sign up at: www.ezpaynote.com after your FIRST pay day!

