

# Employee Direct Deposit Authorization Form

Employer Company Name \_\_\_\_\_ Date \_\_\_\_\_

- Select One
- New Employee**
- Changes to Existing Employee**

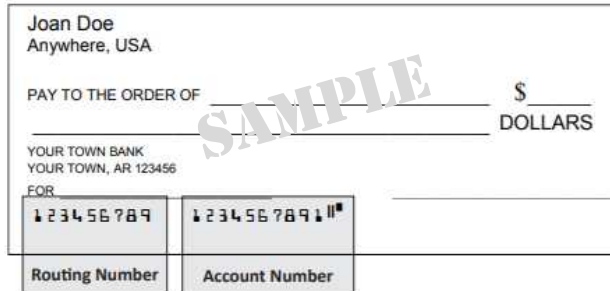
**Account 1**

Bank Name
Bank Address
Bank City, State, Zip
Routing/Transit Number
Account Number
<input type="checkbox"/> Checking Acct <input type="checkbox"/> Saving Acct

**Account 2**

Bank Name
Bank Address
Bank City, State, Zip
Routing/Transit Number
Account Number
<input type="checkbox"/> Checking Acct <input type="checkbox"/> Saving Acct

Staple Voided Check Here



Staple Voided Check Here

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 or my employer has had reasonable time to effect such cancellation.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name Printed

\_\_\_\_\_  
Email Address

**Photocopies of this form can be distributed to employees participating in Direct Deposit. Employee must return this Direct Deposit Authorization to Employer.**

