

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		
CHECKING ACCT	SAVINGS ACCT	HSA DEDUCTION ACCT

Account 2

Bank Name		
Bank Address		
Bank City, State, Zip		
Routing/Transit Number		
Account Number		
CHECKING ACCT	SAVINGS ACCT	HSA DEDUCTION ACCT

Staple Voided Check
Here

Joan Doe Anywhere, USA	
PAY TO THE ORDER OF _____ \$ _____ DOLLARS	
YOUR TOWN BANK YOUR TOWN, AR 123456	
FOR _____	
23456789	23456789
Routing Number	Account Number

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.

