

Employer Information

Company Name:			
Payroll Mgr Name:		Payroll Mgr Signature:	

Bank Account Information

Bank Name (1)			
Nine Digit Routing Number (1):			
Account Number (1):			
This is a:	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	
Option 1:	<input type="checkbox"/> Deposit 100% of Pay to Account (1)		
Option 2:	<input type="checkbox"/> Deposit: _____% or Deposit \$_____ to Account (1) with remaining balance to Account (2) below.		

Bank Name (2)			
Nine Digit Routing Number (2):			
Account Number (2):			
This is a:	<input type="checkbox"/> Checking Account	<input type="checkbox"/> Savings Account	

Employee Information

I hereby authorize my employer to deposit pay automatically to the account(s) listed below, and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford my employer a reasonable opportunity to act on it.

Employee Name:		Date:	
Employee Signature:			

****Please attach a voided check for each bank account to which funds should be deposited.***

***** Employers should keep a copy of this form for their records for as long as the employee is using direct deposit.***