

Direct Deposit Authorization

Employee Name: *Last* *First* *M.I.* Employee #:

ACCOUNT #1

Financial Institution:

Routing Number: Account Number:
Account Type: Checking Savings Deposit Amount \$ or %

ACCOUNT #2

If more than one account is designated, deposits are to be made in whole percentages of pay to total 100%.

Financial Institution:

Routing Number: Account Number:
Account Type: Checking Savings Deposit Amount \$ or %

ACCOUNT #3

If more than one account is designated, deposits are to be made in whole percentages of pay to total 100%.

Financial Institution:

Routing Number: Account Number:
Account Type: Checking Savings Deposit Amount \$ or %

I authorize [Company Name] to initiate credit entries to the account indicated above for the purpose of expense and/or payroll. I also authorize [Company Name] to initiate, if necessary, debit entries and adjustments for any credit entries made in error. This authorization is to remain in force until the Company has received written authorization from me of its termination or change.

Name (PRINT):

Signature: Date: