



Employee Direct Deposit Authorization Form

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

Employee Name (printed) _____

Email Address _____

Address _____

City, State, Zip _____

ACCOUNT ONE

| |
|-----------------------|
| Bank Name |
| Bank Address |
| Bank City, State, Zip |
| Routing/Transit No. |
| Account No. |

This is a:

Savings Account

Checking Account

If Available
Staple Voided
Check Here

Amount for this Account:
REMAINDER

Label it
"Account One"

ACCOUNT TWO

| |
|-----------------------|
| Bank Name |
| Bank Address |
| Bank City, State, Zip |
| Routing/Transit No. |
| Account No. |

This is a:

Savings Account

Checking Account

If Available
Staple Voided
Check Here

Amount for this Account:
\$ _____ OR _____ %

Label it
"Account Two"

ACCOUNT THREE

| |
|-----------------------|
| Bank Name |
| Bank Address |
| Bank City, State, Zip |
| Routing/Transit No. |
| Account No. |

This is a:

Savings Account

Checking Account

If Available
Staple Voided
Check Here

Amount for this Account:
\$ _____ OR _____ %

Label it
"Account Three"

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

Employee Signature _____

Date _____

To be retained by Employer. Keep in your Employee files.