

Employee Direct Deposit Authorization Form

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

ACCOUNT ONE

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

ACCOUNT TWO

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

This is a:

Savings Account Staple Voided
 Checking Account Check Here

Amount for this Account:

REMAINDER Label it
"Account One"

This is a:

Savings Account Staple Voided
 Checking Account Check Here

Amount for this Account:

\$ _____ OR _____ % Label it
"Account Two"

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 notice to direct bank withdrawal.

Employee Signature _____ Date _____

Employee should return this Direct Deposit Plus Authorization to Employer.