

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

I, [employee] _____ : hereby

- 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 below. 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. I understand I should contact my bank to verify receipt of funds
- revise** direct deposit bank account(s) as indicated below.
- cancel** direct deposit of my paycheck completely. This cancellation is to take effect immediately and remain in full force and effect until the Company has received written notification from me of authorization to deposit my paycheck automatically. I acknowledge that I will now receive paychecks for which I am responsible for depositing and/or cashing.

Employee's Signature: _____ **Date:** ____ / ____ / _____

	Remaining Balance to 1 st Account <input type="checkbox"/>	Use Percentage <input type="checkbox"/>				
Pay Order	Bank Name/Address/Phone	Acct. Type	Routing Number	Account Number	Amount	Pct.
1		Ckg <input type="checkbox"/> Sav <input type="checkbox"/>				
2		Ckg <input type="checkbox"/> Sav <input type="checkbox"/>				
3		Ckg <input type="checkbox"/> Sav <input type="checkbox"/>				

TOTAL: _____

Please attach a voided check or deposit slip for each bank account to which funds will be deposited.

NAME _____ **0324**

_____ **20** _____

Pay to the order of _____ \$

_____ Dollars

Bank _____

Memo _____

⑆123456789⑆ ⑆022999999999⑆ ⑆0324

Example Routing Number: 123456789 Example Account Number: 02299999999

Employers: Keep for your records.

For additional information, see Instructions: Additional Forms > Direct Deposit Authorization