

Payroll
Services
By...



DIRECT DEPOSIT AUTHORIZATION FORM

Name: _____ Soc. Sec.#: _____ - _____ - _____

Name of Banking Facility	Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Account Number	Dollar Amount
Routing Number	Percentage %

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❖ *Please Note: Employee remains responsible for verifying that the funds are deposited, cleared and are available prior to writing check(s) or debiting account versus any automatically transmitted amount.*

Very Important:

Please attach one of the following for each direct deposit:

- ❖ **VOIDED CHECK** or a Copy of a Check; or
- ❖ **Copy of Banking Facility ID Card (For savings account)**
(Deposit Slips are not accepted for checking or savings)

❖ *Please allow 10 business days for the initial set up and/or for any changes.*

I hereby authorize my employer, _____ (hereinafter **COMPANY**) to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter **BANK**) indicated above. Further, I authorize **BANK** to accept and to credit any credit entries indicated by **COMPANY** to my account. In the event that **COMPANY** deposits funds erroneously into my account, I authorize **COMPANY** to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effective until **COMPANY** and **BANK** have received written notice from me of it's termination in such time and in such a manner as to afford **COMPANY** and **BANK** a reasonable opportunity to act on it.

Signature: _____ Date: _____