

## Authorization for Direct Deposit - Employee Form

This authorizes \_\_\_\_\_ (the “Company”) to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account(s) indicated below and to other accounts I identify in the future (the “Account”). This authorizes the financial institution holding the Account to post all such entries.

**Note: Enter your company name in the blank space above.**

### Account #1

Type (check one):  Checking  Savings

\_\_\_\_\_  
Employee’s Bank Name

\_\_\_\_\_  
Percentage/ Dollar Amount to Deposit to Acct

\_\_\_\_\_  
Bank Routing #

\_\_\_\_\_  
(ABA#) Account #

**Account #2** (remainder to be deposited to this account)

Type (check one):  Checking  Savings

\_\_\_\_\_  
Employee’s Bank Name

\_\_\_\_\_  
Percentage/ Dollar Amount to Deposit to Acct

\_\_\_\_\_  
Bank Routing #

\_\_\_\_\_  
(ABA#) Account #

**PLEASE ATTACH A VOIDED CHECK FOR EACH ACCOUNT HERE**

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Employee ID #

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**IMPORTANT: This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.**

**Employee: Please fill out and return to your employer. Employer: Please save for your files only.**