

Direct Deposit Authorization Form

All you need do is:

1. Completely fill out the form below listing full numbers, including preceding zeros.
2. Attach a voided check or savings deposit slip for verification of all financial institution information.

NOTE: Be sure to sign the form! We need this form in order for payroll to process the application.

Employee Name _____

Company Name _____

Social Security Number _____ **Daytime Phone Number** _____

I authorize the above named employer to electronically deposit my net pay and expenses into the checking or savings account specified below. Also, I authorize the above named employer to debit my account and return to my employer any such pay or expenses my employer claims were improperly deposited to my account. This authority will remain in effect until I cancel it in writing or upon termination of my employment with said employer.

Date _____ Signature _____

Account Type	Amount	Transit/ABA #	Account #	Financial Inst. Branch
<input type="checkbox"/> Checking	Net Pay	_____	_____	_____
<input type="checkbox"/> Savings	Net Pay	_____	_____	_____

Note: Each new account setup will be subjected to a test transaction to ensure the accuracy of the account identification. You will continue to be paid by check until the testing process has been completed. Any change to your account identification could result in a check again being issued before retesting is completed.

Attach voided check or savings deposit slip here.