DIRECT DEPOSIT AUTHORIZATION FORM

Employer Information

Company Name: _____

Employee Information

Legal Name: _____

Social Security Number: _____ **Employee Number:** _____

Address: _____

City, State, and Zip Code: _____

Bank Account Information

ACCOUNT 1

Bank Name: _____

Account Number: _____ **Routing Number:** _____

Account Type: ☐ Savings ☐ Checking *(please attach a voided check)*

Pay to be Deposited: _____ % of pay **or** $ _____ **or** ☐ Entire net pay

ACCOUNT 2 *(optional)*

Bank Name: _____

Account Number: _____ **Routing Number:** _____

Account Type: ☐ Savings ☐ Checking *(please attach a voided check)*

Pay to be Deposited: _____ % of pay **or** $ _____ **or** ☐ Remainder of net pay

NOTE: *If you choose to split payroll payments into two accounts, the percentages or amounts you specify should total 100% or be equal to the full amount of your net pay for the pay period.*

Employee Authorization

I hereby authorize my employer, the Company named above, to deposit my pay to the account(s) listed on this form. If there are deposit errors, I also authorize my employer to make adjustments to correct the error. This authorization will remain in effect until I modify or cancel it in writing.

Employee Signature: _____ **Date:** _____