

Employee Name: _____

Employee E-mail: _____

Employee Phone Number: _____

Employee Direct Deposit Authorization Form

Photocopy this form and distribute a copy to each employee participating in Direct Deposit.

ACCOUNT ONE

Bank Name
Bank Address
Bank City, State, Zip
Routing/Transit No.
Account No.

This is a:

- Savings Account
 Checking Account

Staple Voided
Check Here

Amount for this Account:

REMAINDER

Label it
"Account One"

ACCOUNT TWO

Bank Name
Bank Address
Bank City, State, Zip
Routing/Transit No.
Account No.

This is a:

- Savings Account
 Checking Account

Staple Voided
Check Here

Amount for this Account:

\$ _____ OR _____%

Label it
"Account Two"

I 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 above. 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.