

# Direct Deposit Authorization Agreement

## Employee Information

\* If possible, attach voided check to this form

Employee Name: \_\_\_\_\_

<b><u>Account 1 - Information</u></b>	<b>Checking or Savings</b> (Circle One)
Bank Name: _____	
Routing/Transit # □ □ □ □ □ □ □ □ □	
<i>(These are the 9 digits to the left of the account number on the bottom of your check)</i>	
Account # □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
Amount to be deposited _____ % or \$ _____ or <input type="checkbox"/> Remainder of Net Pay	

<b><u>Account 2 - Information</u></b>	<b>Checking or Savings</b> (Circle One)
Bank Name: _____	
Routing/Transit # □ □ □ □ □ □ □ □ □	
<i>(These are the 9 digits to the left of the account number on the bottom of your check)</i>	
Account # □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	
Amount to be deposited _____ % or \$ _____ or <input type="checkbox"/> Remainder of Net Pay	

I authorize my employer to make deposits to my account.  
In the unlikely event of a deposit error, I authorize my employer to make adjustments to correct the error.

Signature \_\_\_\_\_ Date \_\_\_\_\_