

Direct Deposit Authorization Agreement

Company Name: _____ Company ID: _____

Employee Name: _____

<u>ACCOUNT #1</u>	Checking	Savings <i>(Select One)</i>
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 Remainder of Net Pay		

<u>ACCOUNT #2</u>	Checking	Savings <i>(Select One)</i>
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 Remainder of Net Pay		

*** If possible, attach a voided check to this form ***

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: _____

E-mail address: _____