

Direct Deposit Authorization Agreement

Company Name: _____ Company ID: _____

Employee Name: _____

E-mail address: _____

<u>ACCOUNT #1</u>	Checking	Savings	<i>(Select One)</i>
Bank Name:	_____		
Routing # (9 digits)	_____		
Account #	_____		
Amount to be deposited	_____ %	or \$ _____	or Remainder of Net Pay

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

<u>ACCOUNT #2</u>	Checking	Savings	<i>(Select One)</i>
Bank Name:	_____		
Routing # (9 digits)	_____		
Account #	_____		
Amount to be deposited	_____ %	or \$ _____	or 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.

Employee Signature: _____ Date: _____

*** VERIFICATION BELOW TO BE COMPLETED BY EMPLOYER ***

TO AVOID ACCEPTING DIRECT DEPOSIT CHANGES SENT FROM POTENTIALLY COMPROMISED E-MAIL ACCOUNTS, VERIFY ALL DIRECT DEPOSIT CHANGES WITH EMPLOYEES EITHER IN PERSON OR ON THE PHONE.

Verified By: _____	Date: _____	Method: In Person	Phone
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