



Direct Deposit Authorization Form

Required Information:

Employer Name _____

Employee Name _____

Email Address _____

Street Address _____

City _____ State _____ Zip Code _____

Employee SSN _____ Date of Birth _____

Complete the section below to have your funds sent by Direct Deposit to your banking institution.

I would like my wages deposited to the following bank account:

Bank Account Type _____ Checking _____ Savings

Bank Name _____

Bank Routing Number (9 digits) _____

Bank Account Number _____

A voided check with individual's name officially printed on the check MUST be attached to this form or the request will not be processed.

I, (employee) _____: hereby 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 below. 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. I understand I should contact my bank to verify receipt of funds.

Employee's Signature _____ **Date** _____