

## **Direct Deposit Authorization Form**

Please attach voided check for each account.

Employer Information	<u></u>
Employer name	Phone number
Employee Information	
Employee name	Phone number
Bank Information	
Account #1	Account #2
Bank name	Bank name
Bank routing number (ABA #)	Bank routing number (ABA #)
Checking Savings	Checking Savings
Account #	Account #
Deposit (amount or %)	Deposit (amount or %)
Disclaimer	
I, the above named employee, authorize my employer as named above to initiate direct deposits into my personal account of the net pay for my	
salary on the scheduled pay dates.	
I, the above named employee, <i>also</i> authorize my employer and/or my bank as named above to <b>withdraw any funds</b> that were inadvertently deposited into my account and/or any amount that was more than the net pay.	
This authorization will be in effect until my employer receives a written termination notice from myself and has two weeks to put into effect.	
Authorization	
Employee's signature	Date
attach a voided check for each account here	

