

# EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

New

Change

Cancel

## COMPANY INFORMATION

Company Name: \_\_\_\_\_

## EMPLOYEE INFORMATION AUTHORIZATION

**Important!** Please read and sign before completing and submitting.

I hereby voluntarily authorize the Company named above (hereafter "Employer"), to deposit any amounts owed me, by initiating credit entries to my account (s) at the financial institution(s) of my choice (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Employer to my account. To the extent permitted by law, in the event that Employer deposits funds erroneously into my account(s), I authorize Employer to debit my account for any amount not to exceed the original amount of the erroneous credit.

To the extent permitted by law, I understand that I have the right to refuse consent or revoke authorization of direct deposit at any time and I have the right to receive any payment owed to me by other means. This authorization is to remain in full force and effect until Employer and Bank have received written notice from me of its termination in such time and manner as to afford Employer and Bank reasonable opportunity to act on it.

Full Legal Name: \_\_\_\_\_

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

## 1 - DEPOSIT/ACCOUNT INFORMATION

Bank Name: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account#: \_\_\_\_\_

Choose Account Type:    Checking            Savings

## 2 - DEPOSIT/ACCOUNT INFORMATION

Bank Name: \_\_\_\_\_

Routing #: \_\_\_\_\_ Account#: \_\_\_\_\_

Choose Account Type:    Checking            Savings

*For a checking account, **attach a voided check**, not a deposit slip. If you do not have a check, ask your bank for one or provide an account verification letter from your Bank verifying the name(s) on the account, the Bank Routing Number (9-digit ABA Number that can receive ACH credits) and your account number.*