

Authorization for Direct Deposit

I authorize, _____ (employer name) to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford,

_____ (employer name) a reasonable opportunity to act on it.

Name on bank account: _____

Bank account number: _____ Checking ___ Savings ___

Bank routing number: _____

Amount: \$ _____ or entire paycheck: ___

Important: Please attach a voided check for each bank account to which funds should be deposited.

Employee/Contractor signature: _____, Date: XX/XX/XXXX

Payers: Do not send this form with your Direct Deposit enrollment. Keep for your records.