

DIRECT DEPOSIT AUTHORIZATION

EMP # _____

NAME: First Middle Last Social security number

Please direct deposit my payroll checks to my _____
_____ Checking account
_____ Savings account

Bank name Routing number

Bank address Account number

City State Zip Code

I hereby authorize the direct deposit of my net pay by my employer in the account and financial institution indicated above. Such direct deposit will be made on each succeeding payday, unless I choose to terminate this agreement in writing to my employer. Any such notification to my employer will become effective following receipt after reasonable opportunity to act on it. In the event that my employer deposits funds erroneously into my account, I authorize my employer to debit my account for an amount not to exceed the original amount of the credit. I understand that my employer will make a reasonable effort to complete this transaction in a timely manner and my paycheck will be delivered to my pay location until that time. I recognize that it is my sole responsibility and duty to verify my account balance prior to drawing on my account.

Employee signature

Please discontinue depositing my payroll checks to my bank account. I will receive my payroll checks by mail until a new bank authorization is submitted.

Employee signature

PLEASE ATTACH A VOIDED CHECK HERE