

ENTITY NAME

DIRECT DEPOSIT AUTHORIZATION

PERSONAL INFORMATION

Last Name First Name M.I. SSN

Home Address – Line 1 Home Address – Line 2

City State ZIP

ACCOUNT INFORMATION

Bank or Savings Program Name: _____

Account Type: _____
Checking Savings Other (Describe)

Bank or Program Routing Number: _____

Account Number: _____

Deposit Amount: \$_____ per pay period _____% of net pay per period

Please attach a voided check or a Routing Slip from your bank or savings program for the account noted above.

AUTHORIZATION

I authorize and request ENTITY NAME to automatically deposit payroll amounts owed to me to my account as described above.

I understand that ENTITY NAME or I may terminate this agreement at any time by written notification. Any such notification will result in the termination of direct deposit service as soon as practical.

I authorize ENTITY NAME to debit my account for the purpose of correcting an erroneous credit previously initiated to my account, provided that I have been notified in writing of such debit and the reason therefor.

Employee Signature Date

Please return this form and the voided check or deposit slip to:

ENTITY CONTACT
ENTITY NAME
ADDRESS
CITY STATE ZIP