

**Direct Deposit Authorization Form**

Employee Name \_\_\_\_\_

*\*Please complete appropriate fields*

I authorize my employer \_\_\_\_\_ to direct deposit my net check into the following account:

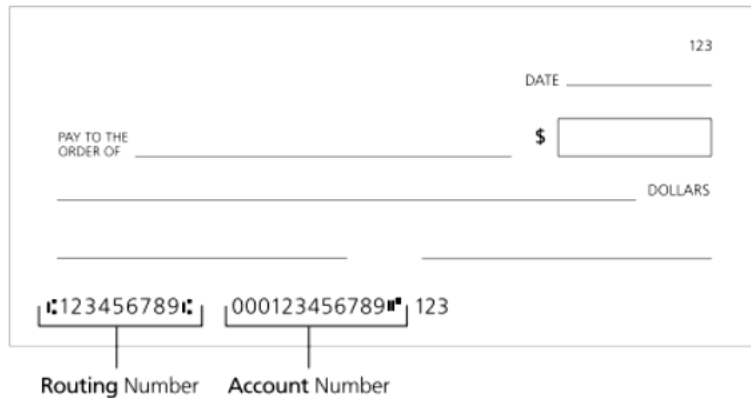
Type of Account:                       Checking                       Savings

Amount:                       \$ \_\_\_\_\_                       \_\_\_\_\_%                       Entire Paycheck

Bank \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_



I would also like to have a fixed dollar amount deducted and deposited directly into the following account(s):

Checking                       Savings                       Checking                       Savings

Bank \_\_\_\_\_

Bank \_\_\_\_\_

Routing Number \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

Account Number \_\_\_\_\_

Dollar Amount \_\_\_\_\_

Dollar Amount \_\_\_\_\_

By signing below, I, specifically, authorize the direct deposit(s) listed above. I further acknowledge and authorize that my account(s) may be charged to withdraw any funds that may have been credited in error by my employer or payroll processor.

Employee's Signature: \_\_\_\_\_

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

*Attach a VOIDED check for each bank account to which funds should be deposited (if necessary).*