

DIRECT DEPOSIT EMPLOYEE AUTHORIZATION

Last Name First Name M.I.

Social Security Number Effective Date

- This is a new Direct Deposit request
- This form replaces all previous forms
- This form is in addition to my existing Direct Deposit

Employer

FIRST ACCOUNT DIRECT DEPOSIT:

- Checkings
- Savings

Financial Institution City State

Account # Transit / Routing # (first nine digits at bottom of check)

Amount to be deposited each pay period:

- Net Check
- Amount \$ _____
- Percentage _____%

SECOND ACCOUNT DIRECT DEPOSIT:

- Checkings
- Savings

Financial Institution City State

Account # Transit / Routing # (first nine digits at bottom of check)

Amount to be deposited each pay period:

- Net Check
- Amount \$ _____
- Percentage _____%

I authorize co-employer to deposit all paychecks automatically to my account as specified above. Adjusting entries to correct errors is also authorized. This authority will remain in effect until I cancel it in writing.

*****SPECIAL NOTE: First check will be live in order to send a pre-note test file to the bank.*****

Employee Signature

Date

NOTE: Routing numbers, account numbers and a voided check are required.
Your request cannot be processed without this information.