

Direct Deposit Authorization Form

EMPLOYEE NAME: _____ **SS#:** _____ - _____ - _____

I hereby authorize COMPANY NAME, hereinafter called COMPANY, to initiate credit entries to my account(s) indicated below and the depository(s) named below, hereinafter called DEPOSITORY, to credit the same such account(s), and in the event a credit is made to my account in error, I authorize COMPANY to make a correcting entry under the condition that I am notified of said adjustment.

NOTE: YOU MUST ATTACH A VOIDED CHECK FOR EACH ACCOUNT.

DEPOSITORY: _____

BANK NAME

____ Checking

____ Savings

_____ ADDRESS

_____ CITY/STATE

_____ ZIP

_____ ded. codes

Amount to be Deposited: \$ _____ FULL AMT: _____

Banking Transit/ABA: _____ Acct No. _____

Effective payroll cycle beginning: _____

DEPOSITORY: _____

BANK NAME

____ Checking

____ Savings

_____ ADDRESS

_____ CITY/STATE

_____ ZIP

_____ ded. codes

Amount to be Deposited: \$ _____ FULL AMT: _____

Banking Transit/ABA: _____ Acct No. _____

Effective payroll cycle beginning: _____

DEPOSITORY: _____

BANK NAME

___ Checking

___ Savings

ded. codes

ADDRESS

CITY/STATE

ZIP

Amount to be Deposited: \$ _____ FULL AMT: _____

Banking Transit/ABA: _____ Acct No. _____

Effective payroll cycle beginning: _____

This authorization is to remain in full force and effect until **COMPANY NAME** has received written notification from me of its termination in such time and in such manner as to afford the COMPANY a reasonable opportunity to act on it, or I complete and sign a new Automatic Deposit Form.

Signature

Date

_____ I hereby request all direct deposit to stop immediately. Date: _____
(initials)

Received By: _____
(Company Official) Date

Print Name: _____

Copy: Payroll File
Attach Voided Check