Authorization for Direct Deposit

☐ NEW DIRECT DEPOSIT AUTHORIZATION ☐ CHANGE ACCOUNT INFORMATION ☐ STOP DIRECT DEPOSIT

EMPLOYEE INFORMATION

LAST NAME	FIRST NAME	SOCIAL SECURITY NUMBER (XXX-XX-XXXX)	
ADDRESS	CITY	STATE	ZIP

ACCOUNT INFORMATION (CHOOSE UP TO FIVE ACCOUNTS, THE LAST ONE MUST BE FOR THE REMAINING AMOUNT OWED TO YOU)

NAME OF FINANCIAL INSTITUTION	CITY	STATE
TYPE OF ACCOUNT ☐ CHECKING ☐ SAVINGS	ROUTING NUMBER	ACCOUNT NUMBER
DEPOSIT AMOUNT ☐ I WISH TO DEPOSIT $ ____________________	☐ ENTIRE AMOUNT	

NAME OF FINANCIAL INSTITUTION	CITY	STATE
TYPE OF ACCOUNT ☐ CHECKING ☐ SAVINGS	ROUTING NUMBER	ACCOUNT NUMBER
DEPOSIT AMOUNT ☐ I WISH TO DEPOSIT $ ____________________	☐ ENTIRE AMOUNT	

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DEPOSIT AMOUNT ☐ I WISH TO DEPOSIT $ ____________________	☐ ENTIRE AMOUNT	

It is strongly recommended that you attach a voided copy of a personal check for all checking accounts and a copy of any savings deposit slips to this authorization form. These will verify the routing and account numbers necessary to establish direct deposit.

I hereby authorize my employer to initiate credit entries to my account(s) as indicated above for payments owed to me, and further authorize the financial institution(s) named above to credit such to stated account(s). This authority is to remain in full force and effect until my employer or the financial institution(s) receive written notification from me to terminate such direct deposit authorization. I further understand that I must provide my employer a reasonable time to act on any changes that are initiated by me. I recognize that I must provide my employer of any change in bank or account information to insure proper and timely deposits into my account(s).

______________________________ ______________________________

EMPLOYEE SIGNATURE DATE