**DIRECT DEPOSIT AUTHORIZATION FORM**

| **Employer Information** | | | | |
| --- | --- | --- | --- | --- |
| **Company Name:** |  | | | |

| **Employee Information** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Legal Name:** |  | | | | |  | | |
| **Social Security Number:** | | |  | | |  | **Employee Number:** |  |
| **Address:** |  | | | | | | | |
| **City, State, and Zip Code:** | | |  | | | | | |

| **Bank Account Information** | | | | |
| --- | --- | --- | --- | --- |

**ACCOUNT 1**

| **Bank Name:** |  | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Account Number:** |  | | | |  | **Routing Number:** | | |  |
| **Account Type:** | * Savings | | * Checking *(please attach a voided check)* | | | | | | |
| **Pay to be Deposited:** |  | % of pay | **or** | $ | | | **or** | * Entire net pay | |

**ACCOUNT 2** *(optional)*

| **Bank Name:** |  | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Account Number:** |  | | | |  | **Routing Number:** | | |  |
| **Account Type:** | * Savings | | * Checking *(please attach a voided check)* | | | | | | |
| **Pay to be Deposited:** |  | % of pay | **or** | $ | | | **or** | * Remainder of net pay | |

**NOTE:** *If you choose to split payroll payments into two accounts, the percentages or amounts you specify should total 100% or be equal to the full amount of your net pay for the pay period.*

| **Employee Authorization** | | | | | | | | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |

I hereby authorize my employer, the Company named above, to deposit my pay to the account(s) listed on this form. If there are deposit errors, I also authorize my employer to make adjustments to correct the error. This authorization will remain in effect until I modify or cancel it in writing.

| **Employee Signature:** |  | **Date:** |  |
| --- | --- | --- | --- |