**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:** |  |
| --- | --- | --- | --- |