



**Employee Direct Deposit Authorization Form**

Company Name: \_\_\_\_\_ Date: \_\_\_\_\_

Account One

|                       |
|-----------------------|
| Bank Name             |
| Bank Address          |
| Bank City, State, Zip |
| Routing Transit #     |
| Account #             |

 Savings  
 Checking

Amount for this Account

**Remaining**

Account Two

|                       |
|-----------------------|
| Bank Name             |
| Bank Address          |
| Bank City, State, Zip |
| Routing Transit #     |
| Account #             |

 Savings  
 Checking

Amount can be \$ or %

Amount for this Account

Account Three

|                       |
|-----------------------|
| Bank Name             |
| Bank Address          |
| Bank City, State, Zip |
| Routing Transit #     |
| Account #             |

 Savings  
 Checking

Amount can be \$ or %

Amount for this Account

Account Four

|                       |
|-----------------------|
| Bank Name             |
| Bank Address          |
| Bank City, State, Zip |
| Routing Transit #     |
| Account #             |

 Savings  
 Checking

Amount can be \$ or %

Amount for this Account

Account Five

|                       |
|-----------------------|
| Bank Name             |
| Bank Address          |
| Bank City, State, Zip |
| Routing Transit #     |
| Account #             |

 Savings  
 Checking

Amount can be \$ or %

Amount for this Account

I authorize my employer \_\_\_\_\_, and its agents, including Financial Institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts listed above. This authorization will remain in effect until I have informed my employer in writing that I wish to cancel it, and my employer has had a reasonable time to effect such cancellation.

Employee Signature

Employee Name Print

Date