

Employee Direct Deposit Authorization

Instructions _____

Employee: Fill out and return to your employer.

Employer: Save for your files only.

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Account 1					
Account 1 type:	Checking	Savings			
Bank routing number (ABA number):					
Account number:					
Dollar amount to be deposited to this account:					
Account 2 (remainder to be deposited to this account)					
Account 2 type:	Checking	Savings			
Bank routing number (ABA number):					
Account number:					

attach a void	ed check for each account here

Authorization (enter your company name in the blank space below)

Authorized signature:	Employee ID #:
Print name:	. Date: