

AUTHORIZATION FOR DIRECT DEPOSIT

Complete this form for each employee or contractor electing direct deposit

I authorize _____ to deposit my pay

(Company Name)

automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford

_____ a reasonable opportunity to act on it.

(Employee Name)

Primary Direct Deposit

Name on bank account: _____

Bank account number: _____ Checking ___ Savings ___

Bank routing number: _____

Amount: \$ _____ or entire paycheck: _____

*Balance of pay to:

_____ Manual (paper check)

_____ Secondary account described below

***Note Split payments are not available for contractors**

Secondary Direct Deposit (balance after direct deposit entry above)

Name on bank account _____

Bank account number _____ Checking ___ Savings ___

Bank routing number _____

*** Please attach a voided check for each bank account to which funds should be deposited.**

Employee/Contractor signature _____

Date _____

Employee/Contractor Cancellation signature _____

Reason _____ **Date:** _____

Payers: Don't send us this form with your Direct Deposit enrollment. Keep for your records.