



EMPLOYEE AUTHORIZATION FOR DIRECT DEPOSIT

Complete this form for each employee electing direct deposit.

I, (employee name) _____ authorize
(company name) _____ to deposit my pay
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.

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: _____

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

Employee signature: _____

Date: _____