



Direct Deposit Authorization Form

Employer: _____

Employee: _____

Bank Name: _____

Routing / ABA # (9 Digits): _____

Account # _____

Type of Account (please check):

Checking

Savings

Please attach a voided check

I authorize and request my employer to automatically deposit any payroll amounts owed to me to my Bank Account listed above.

I understand that my employer or I may terminate this agreement at any time by written notification. Any such notification will result in a termination of direct deposit service as soon as practicable.

I authorize my employer to debit my account for the purpose of correcting an erroneous credit previously initiated to my account provided that my employer has notified me in writing of such debit and the reason therefor.

Employee Signature: _____

Date: _____