

**PAYROLL DIRECT DEPOSIT
EMPLOYEE AUTHORIZATION FORM**

Please print legibly

I hereby authorize (Employer name) _____ and the financial institution(s) named below to remit the following amounts to my accounts (this includes my authorization to you to reverse any entries made in error or because company funds are not available). This authorization will remain in effect until company receives written notice from me.

Signed: _____ Date: _____

Print Name: _____

Account Number: _____ Type: Checking Savings Other

Bank Name: _____

Bank Location/Address: _____

Deposit Amount: _____ Entire Check _____ Partial Amount \$ _____

Account Number: _____ Type: Checking Savings Other

Bank Name: _____

Bank Location/Address: _____

Deposit Amount: _____ Entire Check _____ Partial Amount \$ _____

Account Number: _____ Type: Checking Savings Other

Bank Name: _____

Bank Location/Address: _____

Deposit Amount: _____ Entire Check _____ Partial Amount \$ _____

ATTACH VOIDED CHECK(S). We must have actual voided check(s) in order to process your request.