



EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

I hereby authorize my employer, _____, (hereinafter Company) to deposit any amounts owed me by initiating credit entries into my account at the financial institution (hereinafter Bank) indicated below. Further, I authorize Bank to accept and to credit any such entries indicated by Company to my account. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

Employee Name _____ (Please print)

Social Security Number _____ - _____ - _____

This authorization is for: New Direct Deposit Deposit Change Cancel My Direct Deposit

CHECKING DEPOSIT (Please attach a VOIDED check)

I wish to deposit to checking: a flat amount of \$ _____ .00
 _____ % of my net pay
 My entire net pay

SAVINGS DEPOSIT

ABA Bank Routing # _____

Bank Account # _____

I wish to deposit to savings: a flat amount of \$ _____ .00
 _____ % of my net pay
 My entire net pay

OTHER ACCOUNT

ABA Bank Routing # _____ Bank Account # _____

I wish to deposit to: Checking a flat amount of \$ _____ .00
 Savings _____ % of my net pay
 My entire net pay

*NOTE: Savings and Credit Union accounts may use different ABA and/or Account Numbers for ACH transactions. It is each employee's responsibility to call their bank and acquire the correct information for initiating direct deposits into such accounts. Deposit Slips Are Not Valid.

I understand I am responsible for confirming that my pay has been properly deposited each payroll. No transactions will be initiated against those funds until that confirmation has been made. Any Non-Sufficient Funds charges that occur because I have failed to abide by this will be my responsibility.

Employee Signature

Date