



## 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:** \_\_\_\_\_