

# Employee Direct Deposit Authorization Form

Employer Name \_\_\_\_\_ Date \_\_\_\_\_

Select One

New Employee

Changes to Existing Employee

Photocopy this form and distribute a copy to each employee participating in Direct Deposit.

Bank Name
Bank Address
Bank City, State, Zip
Routing/Transit Number
Account Number

This is a:

Savings Account

Checking Account

*Staple Voided check here*

Bank Name
Bank Address
Bank City, State, Zip
Routing/Transit Number
Account Number

This is a:

Savings Account

Checking Account

*Staple Voided check here*

I authorize my employer, \_\_\_\_\_, and its Agents, including Financial Institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts listed above. This authorization will remain in effect until I have informed my employer in writing that I wish to cancel it or my employer has had reasonable time to effect such cancellation.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Employee Name Printed

**Employee must return this Direct Deposit Authorization to Employer.**