



LEGAL BUSINESS NAME

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Employee Name:
Employee SSN:
Employee Email:

I hereby authorize my employer, (the COMPANY), to deposit any amounts owed me by initiating credit entries to my account at the financial institution (the BANK) indicated below. Further, I authorize the BANK to accept and credit entries indicated by the COMPANY to my account as follows:

Table with 5 columns: Enrollment Type, Account Type, Deposit Amount, and two unlabeled columns. Rows include options like New, Change, Add Additional, Cancel, Checking, Savings, Pay Card, HSA, Entire Check, Percent of Check*, Flat Dollar Amount*.

*Indicate above Percent of Check or Flat Dollar Amount (if applicable)

Bank Name:
Routing Number:
Account Number:

Voided check must be attached OR Financial Institution Authorization Statement must be signed by bank official (below).

I hereby acknowledge that the above employee has an account with our financial institution and the above account information is accurate.

Financial Institution Official Signature

Financial Institution Official Title

Financial Institution Official Printed Name

Date

Further, I authorize COMPANY and payroll service provider to debit my account in the event of a credit (which should not have been made or which was made for an incorrect amount) for an amount not to exceed the original amount of the erroneous credit .

I agree this authority is to remain in full force and effect until COMPANY and BANK have received written notification from me of its termination in such time and in such manner as to afford COMPANY and BANK reasonable opportunity to act on it. I also acknowledge that I have retained a copy of this form.

Employee Signature:

Date: