

## Direct Deposit Authorization Form

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

*\*Please complete appropriate fields*

I authorize my employer \_\_\_\_\_ to direct deposit my net check into the following account:

Checking       Savings

Bank \_\_\_\_\_

Routing Number \_\_\_\_\_

Accounting Number \_\_\_\_\_

I would also like to have a fixed dollar amount deducted and deposited directly into the following account(s):

Checking       Savings

Bank \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

\$ Amount \_\_\_\_\_

Checking       Savings

Bank \_\_\_\_\_

Routing Number \_\_\_\_\_

Account Number \_\_\_\_\_

\$ Amount \_\_\_\_\_

By signing below I, specifically, authorize the direct deposits listed above. I further acknowledge and authorize that my account(s) may be charged to withdraw any funds that may have been credited in error by my employer or payroll processor.

\_\_\_\_\_  
Employee's Signature

\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
Date

*\*Please have this information verified by a bank representative.  
(Customer Service Rep., New Account Rep., Etc.)*