

Tzinberg & Associates, P.C.
Direct Deposit Authorization Form

Employer: _____

Employee: _____

Employee Email: _____

***Watch for email with link to register for your employee portal prior to your first payroll.**

I hereby 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 account s listed below.

Bank Information (you can designate a set amount of money or the entire check to a specific account):

Account 1: Bank name:

--	--

Routing Number

Account Number

☐ Checking ☐ Savings Percentage or amount to deposit: _____

Account 2 (optional): Bank name:

--	--

Routing Number

Account Number

☐ Checking ☐ Savings Percentage or amount to deposit: _____

This authorization will remain in effect until I have informed my employer in writing that I wish to cancel it, and my employer has had reasonable time to effect such cancellation.

**ATTACH VOIDED CHECK OR SAVINGS DEPOSIT TICKET HERE OR SNAPSHOT
FROM MOBILE BANKING SHOWING BOTH ROUTING AND ACCOUNT NUMBER**

*If no voided check or snapshot is provided and the account information is incorrect resulting in a return a \$35 return fee will be assessed to your employer and they may pass it along to the employee.