

Employee Direct Deposit Authorization

Employee: Fill out and return to your employer

Employer: Save for your files only

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Account 1 Bank Name: _____

Account 1 Type: _____ checking _____ savings

Bank routing number (ABA number): _____

Account Number: _____

Dollar amount to be deposited to this account (remainder goes to 2nd account): _____

Account 2 Bank Name (remainder to be deposited to this account): _____

Account 2 Type: _____ checking _____ savings

Bank routing number (ABA number): _____

Account Number: _____

attach a voided check for each account here

This authorizes my employer to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the employer receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized signature: _____

Print name: _____ Date: _____