



EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

I hereby authorize my employer, _____, (hereinafter Company) to deposit any amounts owed me by initiating credit entries into my account at the financial institution (hereinafter Bank) indicated below. Further, I authorize Bank to accept and to credit any such entries indicated by Company to my account. In the event that Company deposits funds erroneously into my account, I authorize Company to debit my account for an amount not to exceed the original amount of the erroneous credit.

Employee Name _____ (Please print)

Social Security Number _____ - _____ - _____

- This authorization is for:
- New Direct Deposit
 - Deposit Change
 - Cancel My Direct Deposit

CHECKING DEPOSIT (Please attach a VOIDED check)

- I wish to deposit to checking:
- a flat amount of \$ _____
 - _____% of my net pay
 - My entire net pay

SAVINGS DEPOSIT

ABA Bank Routing # _____ Bank Account # _____

- I wish to deposit to savings:
- a flat amount of \$ _____
 - _____% of my net pay
 - My entire net pay

OTHER ACCOUNT

ABA Bank Routing # _____ Bank Account # _____

- I wish to deposit to:
- | | |
|-----------------------------------|--|
| <input type="checkbox"/> Checking | <input type="checkbox"/> a flat amount of \$ _____ |
| <input type="checkbox"/> Savings | <input type="checkbox"/> _____% of my net pay |
| | <input type="checkbox"/> My entire net pay |

***NOTE:** Savings and Credit Union accounts may use different ABA and/or Account Numbers for ACH transactions. It is each employee's responsibility to call their bank and acquire the correct information for initiating direct deposits into such accounts. **Deposit Slips Are Not Valid.**

I understand I am responsible for confirming that my pay has been properly deposited each payroll. No transactions will be initiated against those funds until that confirmation has been made. Any Non-Sufficient Funds charges that occur because I have failed to abide by this will be my responsibility.

Employee Signature

Date