

Direct Deposit Authorization Form

I hereby authorize _____ (Company) to directly deposit my pay in the bank account(s) I have listed below in the percentage(s) specified. (If two accounts are designated, deposits are to be made in whole percentages of pay to total 100%). I have attached a voided personalized check (checking accounts) or deposit slip (savings accounts) for each account specified. No more than two accounts may be designated. This authorization is to remain in force until the Company receives written authorization from me of its termination or change.

Name: _____

Signature: _____ Date: _____

Account #1 *(check only one)*

- ☐ Checking (voided check attached) Clear selection
☐ Savings (deposit slip attached and ABA routing number from bank entered below)

Financial Institution: _____

Street Address: _____

City, State and Zip Code: _____

Telephone: _____

Personal Account Number: _____

ABA (Routing) Number: _____

Amount of pay to be deposited into this account

\$ _____ or _____ %

Distribution: Original to Employee Personnel File, Copy to Employee, Copy to Payroll

(Use page 2 only if you are designating a second deposit account)

Direct Deposit Authorization Form *(continued)*

Account #2 *(check only one)*

- ☐ Checking (voided check attached) Clear selection
- ☐ Savings (deposit slip attached and ABA routing number from bank entered below)

Financial Institution: _____

Street Address: _____

City, State and Zip Code: _____

Telephone: _____

Personal Account Number: _____

ABA (Routing) Number: _____

Amount of pay to be deposited into this account

\$ _____ or _____ %

Distribution: Original to Employee Personnel File, Copy to Employee, Copy to Payroll