

# Employee Direct Deposit Authorization Form

**Account One**

Bank Name
Bank Address
Bank City, State & Zip
Routing & Transit No
Account No

Savings  
 Checking  
 Amount for this account:  
 REMAINDER

Staple Voided Check Here  
 Label it ①

**Account Two**

Bank Name
Bank Address
Bank City, State & Zip
Routing & Transit No
Account No

Savings  
 Checking  
 Amount for this account:  
 \$ \_\_\_\_\_  
 or \_\_\_\_\_%

Staple Voided Check Here  
 Label it ②

**Account Three**

Bank Name
Bank Address
Bank City, State & Zip
Routing & Transit No
Account No

Savings  
 Checking  
 Amount for this account:  
 \$ \_\_\_\_\_  
 or \_\_\_\_\_%

Staple Voided Check Here  
 Label it ③

**Account Four**

Bank Name
Bank Address
Bank City, State & Zip
Routing & Transit No
Account No

Savings  
 Checking  
 Amount for this account:  
 \$ \_\_\_\_\_  
 or \_\_\_\_\_%

Staple Voided Check Here  
 Label it ④

I 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 accounts listed above. 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.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

To be retained by Employer.