



Employee Direct Deposit Authorization Form

I, [employee] _____ : hereby

- authorize** my employer, _____ and it's 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 below. 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. I understand I should contact my bank to verify receipt of funds.

- revise** direct deposit bank account(s) as indicated below.

- cancel** direct deposit of my paycheck completely. This cancellation is to take effect immediately and remain in full force and effect until the Company has received written notification from me of authorization to deposit my paycheck automatically. I acknowledge that I will now receive paychecks for which I am responsible for depository and/ or cashing.

Employee's Signature: _____ Date: _____

Pay Order

Remaining Balance to 1st Account

Use Percentage

	Bank Name	Routing Number	Account Number	\$ or %
1	<input type="checkbox"/> Ckg <input type="checkbox"/> Sav			
2	<input type="checkbox"/> Ckg <input type="checkbox"/> Sav			

Please attach a voided check for each bank account to which funds will be deposited.

Name	0324
Pay to the order of _____	\$ _____
_____ Dollars	
Memo _____	
I: 1 2 3 4 5 6 7 8 9 :I 2 2 9 9 9 9 9 9 9 9 9 9 II'	0 3 2 4

Example Routing Number: 123456789 Example Account Number: 22999999999