

Authorization for Direct Deposit

I authorize _____ to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford _____ a reasonable opportunity to act on it.

Name on bank account: _____
Bank account number: _____ Checking _____ Savings _____
Bank routing number: _____
Amount \$ _____ or entire paycheck: _____

*Balance of pay to: _____ Manual (paper check)
_____ Account described below

*Note: Split payments are not available for contractors.

Name on bank account: _____
Bank account number: _____ Checking _____ Savings _____
Bank routing number: _____

Important: Please attach a voided check for each bank account to which funds should be deposited.

Employee/Contractor signature: _____
Date: _____

Payers: Do not send this form with your Direct Deposit enrollment. Keep for your records.