

# AUTHORIZATION FOR DIRECT DEPOSIT OF PAYROLL/PAYROLL RELATED CREDITS

First Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Employee ID/Clock: \_\_\_\_\_

As a benefit to our employees, we offer two payroll designation options, direct deposit to your financial institution or to a PayCard. Please indicate your selection below. If a choice is not selected it will be assumed by the employer the employee elects the PayCard option.

**Financial Institution**     Split Deposit With PayCard     Split Deposit Accounts

Bank Name: \_\_\_\_\_

Account Type  Checking  
(check one)  Savings

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount (if split): \_\_\_\_\_

Bank Name: \_\_\_\_\_

Account Type  Checking  
(check one)  Savings

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Amount (if split): \_\_\_\_\_  
FINAL AMT AFTER FIRST SPLIT  
(IF APPLICABLE)

*\*Please provide your manager with a voided check and/or deposit ticket.*

**SMB&T PayCard**

Account Number: \_\_\_\_\_

Routing Number: 111924680

Amount (if split): \_\_\_\_\_

*I understand the different payroll options made available to me. I authorize my employer to direct deposit my paycheck in the manner I have indicated above.*

\_\_\_\_\_ (employee initials)

I hereby authorize \_\_\_\_\_, hereinafter called **Company**, to initiate credit entries and to initiate, if necessary, debits and adjustments for any credit entries in error to my account (s) indicated above and the Depository Institution named above, hereinafter called **Depository**, to credit and/or debit the same to such account. I understand that the personal information in these transactions will be treated confidentially, but I consent to the disclosure of payment related information that is compelled by law or necessary to protect against fraud or crime. I also agree to comply with applicable state and federal law or regulation and warrant that I will not transmit any entry that violates the laws of the United States, including, without limitation, regulations of the Office of Foreign Asset Control (OFAC). I understand I will incur any losses due to errors in any information provided, or exchange loss in the event the entry is returned.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE