409b White Clay Center
Newark DE 19711
(302) 456-6816

PMA Payroll Management Assistance
Your Local Payroll Company

Authorization for Direct Deposit – Employee Form

This authorizes _____ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) accounts(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

Account #1

Account #1 Type (check one): ☐ Checking ☐ Savings _____
Employee Bank Name

_____ _____ _____
Bank Routing # (ABA#) Account # Percentage or Dollar Amount to be deposited

Account #2

Account #2 Type (check one): ☐ Checking ☐ Savings _____
Employee Bank Name

_____ _____ _____
Bank Routing # (ABA#) Account # Percentage or Dollar Amount to be deposited

Account #3

Account #3 Type (check one): ☐ Checking ☐ Savings _____
Employee Bank Name

_____ _____ _____
Bank Routing # (ABA#) Account # Percentage or Dollar Amount to be deposited

Account #4

Account #4 Type (check one): ☐ Checking ☐ Savings _____
Employee Bank Name

_____ _____ _____
Bank Routing # (ABA#) Account # Percentage or Dollar Amount to be deposited

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

_____ _____
Signature **Printed Name**

_____ _____
Employee Email Address **Date**