

Employee Direct Deposit Authorization Form

Do NOT send or fax to National Payment Corporation!

Photocopy this form and distribute a copy to each employee participating in Direct Deposit.

Bank Name
Bank Address
Bank City, State, Zip
Routing/Transit No. ⑆ ⑆
Account No. ⑆

This is a:

☐ Savings Account

☐ Checking Account

Staple Voided
Check Here

Bank Name
Bank Address
Bank City, State, Zip
Routing/Transit No. ⑆ ⑆
Account No. ⑆

This is a:

☐ Savings Account

☐ Checking Account

Staple Voided
Check Here

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 Name (please print)

Employee Signature

Date

Employee should return this Direct Deposit Plus Authorization to Employer.