

DIRECT DEPOSIT AUTHORIZATION FORM

Company Name: _____

Employee Name: _____

Employee ID (if applicable): _____

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

I hereby authorize **(Company Name) Williams Bookkeeping LLC**, hereinafter referred to as "Company," to initiate direct deposit of my payroll earnings into my bank account(s) as indicated below. I also authorize the Company to make necessary debit adjustments in the event of an error.

BANK ACCOUNT INFORMATION

1. Primary Bank Account (Required)

- Bank Name: _____
- Routing Number: _____
- Account Number: _____
- Account Type: ☐ Checking ☐ Savings
- Deposit Amount: ☐ Entire Paycheck ☐ \$ _____ or _____ %

2. Secondary Bank Account (Optional)

- Bank Name: _____
- Routing Number: _____
- Account Number: _____
- Account Type: ☐ Checking ☐ Savings
- Deposit Amount: ☐ \$ _____ or _____ %

AUTHORIZATION AGREEMENT

- I understand that direct deposit will begin on the next available payroll after processing.
- I agree that any necessary adjustments (credits or debits) can be made in the event of an error.
- I will notify the Company in writing if I need to update or cancel this authorization.
- I understand that changes may take up to one or two payroll cycles to take effect.

Employee Signature: _____ Date: _____