

AUTHORIZATION FOR DIRECT DEPOSIT

Complete this form for each employee or contractor electing 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 the above-mentioned entity a reasonable opportunity to act on it.

Primary Direct Deposit

Name(s) on account: _____

Name of bank/credit union: _____

Account number: _____ Checking _____ Savings _____ Other _____

Routing number: _____

Amount: \$ _____ * or entire paycheck: _____

*Balance of pay to: _____ Manual (paper check) _____ Secondary account specified below

Secondary Direct Deposit (balance after direct deposit entry above)

Name(s) on account: _____

Name of bank/credit union: _____

Account number: _____ Checking _____ Savings _____ Other _____

Routing number: _____

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

Employee/Contractor Signature: _____

Date: _____