

# Employee Form

Company # \_\_\_\_\_ Employ # \_\_\_\_\_

Date received: \_\_\_\_\_

Date Ready: \_\_\_\_\_

## AUTHORIZATION AGREEMENT FOR PAYROLL DIRECT DEPOSIT

Company Name \_\_\_\_\_

I hereby authorize the company named above to initiate ACH credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account and depository named below.

(Please select) **NEW ACCOUNT:** \_\_\_\_\_ or **BANK CHANGE:** \_\_\_\_\_

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

TRANSIT/ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

CHECKING Account \_\_\_\_\_ (amount of \$ \_\_\_\_\_) if any

or

SAVINGS Account \_\_\_\_\_ (amount of \$ \_\_\_\_\_) if any

This authority is to remain in full force and effect until the Company has received written notification from me of it's termination in such time and manner as to afford the Company and Depository a reasonable opportunity to act on it.

NAME (print) \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_ -- \_\_\_\_ -- \_\_\_\_

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

If **CHECKING ACCOUNT**: Attach voided SAMPLE CHECK (**NOT** deposit slip)

HERE

If **SAVINGS ACCOUNT**: Verify with your bank that your information above is acceptable for Direct Deposit ACH transactions