

Direct Deposit Authorization Form

Employee Name _____

Social Security Number _____

Type of Account: Checking _____ Savings _____

Bank Name _____

Routing Number _____ Account Number _____

Bank Address: Street _____

City _____ State _____ Zip _____

Bank Phone Number _____

Please provide a voided check with your account number and routing number (DEPOSIT SLIPS NOT ACCEPTED). See instructions below.

I confirm the identity of the above names payee(s) and the account number and title. I, _____ hereby authorize

to direct deposit my net pay into the account and institution indicated above.

Such direct deposit will be made on each succeeding payday, unless I choose to terminate this agreement in writing to _____ . Any such

notification to _____ shall become effective following receipt,

after a reasonable opportunity to act on it. In any event

deposits funds erroneously into my account, I authorize

to debit my account for an amount not to exceed the original amount of the

credit. I understand that _____ will make a

reasonable effort to complete this transaction in a timely manner and that my

paycheck will be delivered to my pay location until that time. I recognize that it is

my sole responsibility and duty to verify my account balance prior to drawing on my account.

Signature _____ Date _____

Please upload a voided check into the Additional Documents section of your profile.