



DIRECT DEPOSIT

Your COMPANY Name: _____

The authorization form below gives your company and your financial institution the authority to deposit your pay to your account. Simply complete the form to take advantage of Direct Deposit.

- **Mark the account-type box to indicate whether your pay should be deposited to your checking or savings account.**
- **Fill in your name, name and location of your financial institution, and the date.**
- **Attach a voided check for verification of all financial institution information. (Please do not use deposit slips, they do not include all of the necessary information.)**
- **Be sure to sign the form.**

EMPLOYEE'S AUTHORIZATION

I authorize you and the financial institution listed below to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my:

Checking Account Savings Account each payday.

This authority will remain in effect, until I cancel it in writing.

Financial Institution

Date

Branch

Name (Please Print)

City, State, Zip

Signature

PLEASE ATTACH A VOIDED CHECK HERE
(PAYROLL WILL NOT ACCEPT HANDWRITTEN ACCOUNT INFO)