



Direct Deposit Authorization

I authorize my employer, _____, to automatically deposit my pay to my:

First Account

Financial Institution _____

Routing Number _____

Account Number _____

Account Type (select one) Checking Savings

Amount: Entire Net Pay Another Amount \$ _____

Second Account

Financial Institution _____

Routing Number _____

Account Number _____

Account Type (select one) Checking Savings

Amount: Entire Net Pay Another Amount \$ _____

MUST ATTACH VOIDED CHECK HERE IF DEPOSITING TO CHECKING ACCOUNT (IF VOID CHECK IS NOT ATTACHED FOR VERIFICATION OF DATA WRITTEN IN SPACES ABOVE, CHECK-WRITE WILL NOT BE RESPONSIBLE FOR ERRONEOUS OR DELAYED DEPOSITS)

Terms and Conditions:

I authorize and request my employer to automatically deposit any amounts owed to me to my account at the Financial Institution named above.

I understand that this agreement may be terminated by me or my employer at any time by written notification. Any such notification requires a reasonable time to act upon it.

I authorize my employer to debit my account only for the purpose of correcting an erroneous credit previously initiated to my account provided that prior to the debit, my employer has notified me in writing of such debit and reason therefore.

I have read, understood and consent to all the terms and conditions stipulated on this form.

Employee Name _____

Employee Signature _____

Employees e-mail (required) _____

Date _____