



Direct Deposit Authorization

I hereby authorize my employer to directly deposit my pay in the bank account(s) listed below in the percentages specified. If more than one account is specified, deposits are to be made in whole percentages of pay to total 100%. I have attached a voided check for each account specified below. This authorization is to remain in force until the company has received written or verbal authorization from me of its termination or change.

Also, I grant the company the right to correct any Electronic Funds Transfer (EFT) resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Employee Name: _____

Employee Address: _____

Employee Telephone Number: _____

Employee Signature: _____

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Bank Account #1 Checking Savings Percentage to be deposited: _____

Financial Institution: _____

Address: _____

Telephone Number: _____

Account #: _____ Routing #: _____

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Bank Account #2 Checking Savings Percentage to be deposited: _____

Financial Institution: _____

Address: _____

Telephone Number: _____

Account #: _____ Routing #: _____