



## Direct Deposit Authorization Form

### Employee Information

*Please Print*

Employee Name \_\_\_\_\_

Last four digits of your SS#:                       

### Bank Information

I authorize my employer to deposit my wages/salary to the following bank account(s):

#### Bank Account #1

- Bank Name \_\_\_\_\_
- Checking Account  
OR  
 Savings Account

Bank Routing # \_\_\_\_\_

Account # \_\_\_\_\_

I wish to deposit (check one)

- Remainder of Net Pay
- \_\_\_\_\_ % of Net
- Specific Dollar Amount \$ \_\_\_\_\_ .00

Please attach one of the following for checking or savings accounts (check one):

- Void check (deposit slips are not accepted)
- Bank letter or specification sheet\*

\*See your local bank representative

#### Bank Account #2

- Bank Name \_\_\_\_\_
- Checking Account  
OR  
 Savings Account

Bank Routing # \_\_\_\_\_

Account # \_\_\_\_\_

I wish to deposit (check one)

- Remainder of Net Pay
- \_\_\_\_\_ % of Net
- Specific Dollar Amount \$ \_\_\_\_\_ .00

Please attach one of the following for checking or savings accounts (check one):

- Void check (deposit slips are not accepted)
- Bank letter or specification sheet\*

\*See your local bank representative

**Signature** \_\_\_\_\_

**Date** \_\_\_\_\_

By signing above, I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the named account(s).