

DIRECT DEPOSIT AUTHORIZATION FORM

Please attach a VOIDED check to this form.

Please note that **all** payroll and employee reimbursements will be made through the account(s) shown below.

Employee Status (check one of the below)

☐

New hire

☐

Employee Change

Account Information

1. Bank Name/City:

Routing/ABA Number (9 digits): _____ Account Number: _____

☐

Checking

☐

Savings

☐

Other

I wish to deposit \$_____. ____ or ☐ entire Net Amount

Account Information

2. Bank Name/City:

Routing/ABA Number (9 digits): _____ Account Number: _____

☐

Checking

☐

Savings

☐

Other

I wish to deposit \$_____. ____ or ☐ entire Net Amount

Account Information

3. Bank Name/City:

Routing/ABA Number (9 digits): _____ Account Number: _____

☐

Checking

☐

Savings

☐

Other

I wish to deposit \$_____. ____ or ☐ entire Net Amount

Employee Name (print)

Employee Signature

Date