

PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

Employer Name: _____

Instructions:

Employee: Complete this form and return it to your employer

Employer: Provide this form to your payroll provider

Employee Information

Employee Name: _____

Phone Number: _____

Account 1 — Primary Account

Account Type — check one: ☐ Checking ☐ Savings

Bank Name: _____

Routing Number: (9 digits) _____ **Account Number:** _____

Deposit Allocation — check one:

☐ Entire balance of net pay ☐ _____ % of net pay ☐ \$_____ per pay period

Account 2 — Secondary Account

Account Type — check one: ☐ Checking ☐ Savings

Bank Name: _____

Routing Number: (9 digits) _____ **Account Number:** _____

Deposit Allocation — check one:

☐ Remaining balance of net pay ☐ _____ % of net pay ☐ \$_____ per pay period

ATTACH A VOIDED CHECK OR SUBSTITUTE BANK DOCUMENT FOR EACH ACCOUNT

If using two accounts, the allocation selected for Account 1 and the allocation selected for Account 2 must be consistent and must not exceed the employee's available net pay.

Authorization and Agreement

I authorize my employer, its payroll provider, and the applicable financial institutions to initiate electronic credit entries to the account or accounts identified above for my payroll payments. I authorize my employer and its payroll provider to make appropriate correcting or reversing entries, to the extent permitted by applicable law and applicable automated clearing house rules, for any erroneous credit entries.

This authorization will remain in effect until I provide written notice of cancellation or change to my employer, and my employer and payroll provider have had a reasonable opportunity to act on that notice. I understand that changes to or cancellation of this authorization may not take effect until the next practicable payroll processing date.

I understand that I am responsible for providing accurate banking information and for promptly notifying my employer of any changes to my account or financial institution. I authorize my employer to rely on the information provided in this form and the attached bank documentation. I understand that my employer may require additional documentation or verification before implementing or changing this authorization.

I certify that I am the employee named above and that the information provided on this form is true and correct. I understand that direct deposit may be delayed or rejected if the information is incomplete or inaccurate.

Employee Signature: _____ **Date:** _____