



AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT DEPOSIT

Company Name: _____ Company #: _____

Owner Name: _____

Employee Name: _____

Employee Social Security # (required to process this request): _____

Name of Bank: _____

Account Type: _____ Checking _____ Savings

Routing Number: _____ Account Number: _____

YOUR PAYCHECK WILL NOT BE DIRECT DEPOSITED UNTIL YOUR BANK HAS VERIFIED YOUR ACCOUNT INFORMATION. ALL BANKS ARE GIVEN A 14 DAY PERIOD TO DO THIS.

ATTACH VOIDED CHECK HERE
(DO NOT USE A DEPOSIT SLIP IN PLACE OF A VOIDED CHECK)

**A SEPARATE FORM MUST BE FILLED OUT
FOR EACH ACCOUNT YOU ADD OR CHANGE**

Do you want your entire check deposited into this account? _____ YES _____ NO

If no, how much (in dollars) do you want deposited each pay? \$ _____

Employee Signature

Date