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PAYROLL DIRECT DEPOSIT EMPLOYEE AUTHORIZATION FORM

*******Please print legibly*******

I hereby authorize (Employer name) _____ and the financial institution(s) named below to remit the following amounts to my accounts (this includes my authorization to you to reverse any entries made in error or because company funds are not available). This authorization will remain in effect until company receives written notice from me.

Employee Name: _____ Sign/Date: _____

Email address for voucher: _____

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|--|
| Account Number: _____ Type: Checking Savings Other Bank Name: _____ Bank Location/Address: _____ Deposit Amount: _____ Entire Check _____ Partial Amount \$ _____ |
|--|

| |
|--|
| Account Number: _____ Type: Checking Savings Other Bank Name: _____ Bank Location/Address: _____ Deposit Amount: _____ Entire Check _____ Partial Amount \$ _____ |
|--|

 ATTACH VOIDED CHECK(S). We must have actual voided check(s) in order to process your request.