



**Authorization for Direct Deposit - Employee Form**

This authorizes \_\_\_\_\_ (the “Company”) to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the “Account”). This authorizes the financial institution holding the Account to post all such entries.

**Note: Enter your company name in the blank space above.**

Account Type (check one):    Checking                      Savings

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

\_\_\_\_\_  
Bank Routing # (ABA#)    Account #

\_\_\_\_\_  
Percentage or Dollar Amount to be Deposited to This Account

*Please attach a voided check for each account here.*

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Employee ID #    Date

**Employee: Please fill out and return to your employer only.**

**Employer: Please save for your files**