

Authorization for Direct Deposit

I hereby authorize (*insert company name*) _____
to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or
reverse a deposit for any payroll entry made to my account in error. This authorization will
remain in effect until I cancel it in writing and in such time as to afford (*insert company
name*) _____ a reasonable opportunity to
act on it.

Name on Bank Account: _____

Bank account #: _____ **Select one:** ___ Checking ___ Savings

Routing # (9 digits): _ _ _ _ _

Select one: ___ Entire paycheck or ___ Fixed Amount*: \$ _____

***Balance of pay to:**

_____ Paper check

_____ 2nd account described below

***Note:** *Split payments are not available for contractors.*

Name on Bank Account: _____

Bank account #: _____ **Select one:** ___ Checking ___ Savings

Routing # (9 digits): _ _ _ _ _

Important: Attach a voided check for each account to which funds are to be deposited.

Employee/Contractor Signature: _____

Date: _____