

Authorization for Direct Deposit

I authorize (employer) _____ 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 (employer) _____ a reasonable opportunity to act on it.

Name on bank account: _____

Bank account number: _____ Checking ___ Savings ___

Bank routing number: _____

Amount: \$ _____ or entire paycheck: ___

*Balance of pay to:

_____ Manual (paper check)

_____ Account described below

*Note: Split payments are not available for contractors.

Name on bank account: _____

Bank account number: _____ Checking ___ Savings ___

Bank routing number: _____

Important: **Attach a voided check** for each bank account to which funds should be deposited.

Employee/Contractor signature: _____

Date: _____