

Authorization for Direct Deposit - Employee Form

This authorizes _____ to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account indicated below. This authorizes the financial institution holding the Account to post all such entries.

Account Type (circle one): Checking Savings

Employee Bank Name

Bank Routing # (ABA#)

Account #

Please attach a voided check or deposit slip here

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

Employee Signature

Printed Name

Date