



Direct Deposit Authorization Form

Employee Name _____ Social Security Number _____

(Check one below)

_____ A) I authorize my employer to **deposit** my biweekly net wages automatically into the bank account(s) specified below.

_____ B) I authorize my employer to **change** my direct deposit information to the bank account(s) specified below.

_____ C) I authorize my employer to **stop** the direct deposit of my biweekly net wages.

1) (required)

Type of Account	Routing Number	Account Number	Bank Name	I Wish to Deposit (check one)
Checking _____				<input type="checkbox"/> 100% of Net Paycheck
OR				<input type="checkbox"/> Specific Dollar Amount of \$ _____
Savings _____				

2) (optional)

Type of Account	Routing Number	Account Number	Bank Name	I Wish to Deposit (check one)
Checking _____				<input type="checkbox"/> Remainder of Net Paycheck
OR				<input type="checkbox"/> Specific Dollar Amount of \$ _____
Savings _____				

Please Attach Voided Check(s) Here

*** IF USING A SAVINGS ACCOUNT:

A) Attach a copy of your statement showing your name, the routing number and account number.
(actual financial information can be blacked out)

--OR--

B) Request a letter from your bank to be written on their letterhead stating your name, the bank routing number, and your account number. Then, attach it to this document.

Employee Signature _____

Date _____