

Employee Direct Deposit Authorization Form

Use this form to sign up your employees with direct deposit

Client Name: _____ Client Code: _____

Employee Name: _____ SSN: _____

I authorize my employer, _____, and its Agents, including Financial Institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts listed below.

This authorization will remain in effect until I have informed my employer in writing that I wish to cancel it and my employer has had reasonable time to effect such cancellation.

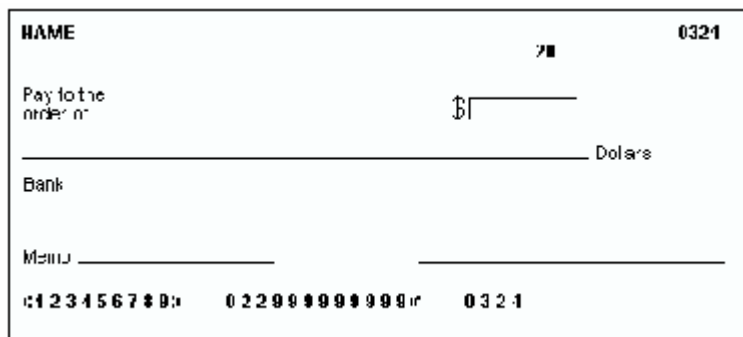
Revise direct deposit bank account(s) as indicated below.

I understand I should contact my bank to verify receipt of funds.

Employee's Signature: _____ Date: _____

	Balance to 1st Account <input type="checkbox"/>	Use Amount <input type="checkbox"/>	Use Percentage <input type="checkbox"/>		
Pay order	Bank Name	Acct. Type	Routing Number	Account Number	Amount/ %
1		Ckg <input type="checkbox"/> Sav <input type="checkbox"/>			
2		Ckg <input type="checkbox"/> Sav <input type="checkbox"/>			
3		Ckg <input type="checkbox"/> Sav <input type="checkbox"/>			

Please attach a voided check for each bank account to which funds will be deposited.



Example Routing Number: 123456789 Example Account Number: 022999999999

***** **FAX form and a voided check to 410-636-9129** *****