



Employee Payroll
Direct Deposit Authorization

Please Print Legibly and complete all sections of this form

Employee Name: _____ Soc Sec #: _____

Client Name: _____ Date: _____

- I hereby authorize my employer to directly deposit my pay into the bank account specified.
- This authorization is to remain in force until the company has received written authorization from me of its termination or change.
- Also, I grant my employer the right to correct any electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment. If sufficient funds are not available in my account, I authorize my employer to withhold such overpayment from one or more subsequent paychecks.

Financial Institution Information

Please check box if this is a change to your current bank account.

DISTRIBUTION #1	DISTRIBUTION #2
Bank Name: _____	Bank Name: _____
Routing #: _____	Routing #: _____
Account #: _____	Account #: _____
This is a CHECKING SAVINGS account.	This is a CHECKING SAVINGS account.
Amount: _____ or Percentage: _____	Amount: _____ or Percentage: _____

Employee Signature : _____

*Please attach a voided check below.