AUTHORIZATION AGREEMENT FOR AUTOMATIC DIRECT DEPOSIT

Company Name: _____

Employee Name: _____

Name of Bank: _____

Account Type: _____ Checking _____ Savings

YOUR PAYCHECK WILL NOT BE DIRECT DEPOSITED UNTIL YOUR BANK HAS VERIFIED YOUR ACCOUNT INFORMATION. ALL BANKS ARE GIVEN A 14 DAY PERIOD TO DO THIS.

ATTACH VOIDED CHECK HERE
(DO NOT USE A DEPOSIT SLIP IN PLACE OF A VOIDED CHECK)

A SEPARATE FORM MUST BE FILLED OUT
FOR EACH ACCOUNT YOU ADD OR CHANGE

Do you want your entire check deposited into this account? _____ YES _____ NO

If no, how much (in dollars) do you want deposited each pay? $ _____

_____ _____
Employee Signature Date