

Employee Name: \_\_\_\_\_

**Photocopy this form and distribute a copy to each employee participating in Direct Deposit.**

**Employee Direct Deposit Authorization Form**

Bank Name
Bank Address
Bank City, State & Zip
Routing & Transit No
Account No

Savings

**Staple Voided**

**Check Here**

Checking

Amount for this account:

**REMAINDER**

**Label It ①**

Bank Name
Bank Address
Bank City, State & Zip
Routing & Transit No
Account No

Savings

**Staple Voided**

**Check Here**

Checking

Amount for this account:

\$ \_\_\_\_\_

OR \_\_\_\_\_%

**Label It ②**

Bank Name
Bank Address
Bank City, State & Zip
Routing & Transit No
Account No

Savings

**Staple Voided**

**Check Here**

Checking

Amount for this account:

\$ \_\_\_\_\_

OR \_\_\_\_\_%

**Label It ③**

Bank Name
Bank Address
Bank City, State & Zip
Routing & Transit No
Account No

Savings

**Staple Voided**

**Check Here**

Checking

Amount for this account:

\$ \_\_\_\_\_

OR \_\_\_\_\_%

**Label It ④**

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 above. 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.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

To be retained by Employer.  
Do NOT send or fax to National Payment!  
Keep in your employee files.