

Direct Deposit Authorization

(Please Use Black Ink Only)

Please sign & return this form to Human Resources.

Authorization Agreement For Automatic Deposits

Name:	Employee ID:
Company Name:	Company ID #:

Please deposit my check directly into the following: (Attached is a copy of a voided check for my checking account and a deposit slip for my savings account. If bank is a credit union, I must have a check that includes my account number and the transit ABA number.)

		<u>Checking</u>	<u>Savings</u>
1.	100% (check one)	<input type="checkbox"/>	<input type="checkbox"/>
OR			
2.	Partial Amount (indicate dollars amount)	\$ _____.	\$ _____.
	And Balance (must check one)	<input type="checkbox"/>	<input type="checkbox"/>

Note: Your Entire Check Must Be Direct Deposited

I authorize, _____, to credit my account for Direct Deposit of my payroll funds and if necessary, to initiate debt entries or adjustment credits for credits made in error.

Terms:

This authority will remain in effect until I have canceled this direct deposit authorization in writing. This authority replaces any existing Direct Deposit(s) that I may currently have in place.

I understand it is my responsibility to always open my paycheck and verify that my check has been direct deposited and that the amount is correct.

Upon my termination, the final paycheck will not be direct deposited.

Please note all direct deposits take at least _____ weeks to become effective.

Employee Signature

Date

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Date Entered: / /

Initials: _____