



## EMPLOYEE DIRECT DEPOSIT AUTHORIZATION AGREEMENT

Each employee should complete this form, sign and attach a voided check for each account they wish to deposit money into. For Savings Account or Credit Union, please fill in accurate Bank Name, Routing / Transit Number and Account Number. Enter % of net pay to be deposited into each account.

### Authorization Agreement

I hereby authorize my employer to initiate automatic deposits to my account at the financial institution(s) named below. I also authorize my employer to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold my employer responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution(s) or due to an error on the part of my financial institution(s) in depositing funds to my account.

This agreement will remain in effect until my employer receives a written notice of cancellation from me or my financial institution(s), or until I submit a new direct deposit form to my employer.

### Account Information #1

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_  
Checking  Savings

% of net pay to be deposited into this account (Check one)  100%  Other % \_\_\_\_\_ Or fixed \$ amount \_\_\_\_\_

**Note:** If 100% of your net pay is to be deposited in the above account, just attach a voided check and fill in the authorization portion at the bottom of this form.

### Account Information #2

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_  
Checking  Savings

% of net pay to be deposited into this account (Check one)  100%  Other % \_\_\_\_\_ Or fixed \$ amount \_\_\_\_\_

### Account Information #3

Name of Financial Institution: \_\_\_\_\_

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_  
Checking  Savings

% of net pay to be deposited into this account (Check one)  100%  Other % \_\_\_\_\_ Or fixed \$ amount \_\_\_\_\_

### Signature

Employee Name: (Print) \_\_\_\_\_ Date: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_