

Direct Deposit Authorization Agreement

<input type="checkbox"/> Begin Deposits	<input type="checkbox"/> Change Information	<input type="checkbox"/> Cancel Deposits
-----------------------------------------	---------------------------------------------	------------------------------------------

Client # _____ Employee Name _____ Employee Number _____

First Account											
<input type="checkbox"/> Checking Account						<input type="checkbox"/> Savings Account					
Name of Bank _____											
Transit Routing Number & Check Digit											
Account Number											
<input type="checkbox"/> Net Check						<input type="checkbox"/> Flat Dollar Amount _____					
Second Account (optional)											
<input type="checkbox"/> Checking Account						<input type="checkbox"/> Savings Account					
Name of Bank _____											
Transit Routing Number & Check Digit											
Account Number											
<input type="checkbox"/> Net Check						<input type="checkbox"/> Flat Dollar Amount _____					

I authorize _____ to initiate credits (and corrections to previous credits) to the financial institution designated above. This authorization will remain in effect until I give written notice to _____ either to change or terminate this authorization.

Employee's Signature _____ Date _____

To Be Completed By Payroll Department

Date Received	Date Entered on Payroll	Effective Date									
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"> </td> <td style="width: 33%;"> </td> <td style="width: 33%;"> </td> </tr> </table>				<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"> </td> <td style="width: 33%;"> </td> <td style="width: 33%;"> </td> </tr> </table>				<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 33%;"> </td> <td style="width: 33%;"> </td> <td style="width: 33%;"> </td> </tr> </table>			
Entered By		Checked By									
