

DIRECT DEPOSIT AUTHORIZATION FORM

Company/Organization Name: _____

Employee/Account Holder Name: _____

Employee ID or SSN: _____

Phone Number: _____

Bank Information:

Bank Name: _____

Bank Routing Number (ABA): _____

Bank Account Number: _____

Account Type: _____ (Check one):

Checking

Savings

Authorization:

I hereby authorize the above-named Company/Organization to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my bank account indicated above, to the extent permitted by law. This authorization is to remain in full force and effect until the Company/Organization has received written notification from me of its termination in such time and manner as to afford the Company/Organization and the financial institution a reasonable opportunity to act upon it.

Acknowledgment of Agreement:

I acknowledge that I have read and understand the terms of this Direct Deposit Authorization Form. I understand my rights and responsibilities under applicable federal and state laws regarding electronic funds transfers. I certify that the information provided herein is accurate and complete.

AUTHORIZED SIGNATURE

DATE

Signature: _____

MM/DD/YYYY: _____

Note: To cancel or change this Direct Deposit Authorization, submit a new form to your payroll or accounts payable department with sufficient time to process before the next scheduled payment.

Original source of this document:

<https://docs-finance.com/direct-deposit-authorization-form-template/>

Did you find this template helpful?

Find more updated templates at:

<https://docs-finance.com/>

[View more templates](#)

This template is intended exclusively for personal, non-commercial use.
If distributed or published, the source must be mentioned.

This template is provided for guidance only and does not constitute legal advice.
It is recommended to consult a legal professional for each specific case.