

# DIRECT DEPOSIT AUTHORIZATION FORM

Employee/Account Holder Name: \_\_\_\_\_

Social Security Number or Tax ID: \_\_\_\_\_

**Banking Information:**

Bank Name: \_\_\_\_\_

Bank Routing Number (ABA): \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

Account Type:       Checking                       Savings

**Authorization and Agreement:**

I hereby authorize and request my employer and the financial institution named above to initiate electronic credit entries to my account at the financial institution indicated above. I also authorize the reversal of any erroneous credit entries. This authorization is to remain in full force and effect until my employer has received written notification from me of its termination in such time and manner as to afford my employer and the financial institution a reasonable opportunity to act on it.

**Printed Name:** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**Additional Instructions or Comments:**

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**Employee/Account Holder Signature**                      **Employer/Authorized Representative Signature**

Signature: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

This form complies with all applicable United States federal and state laws, including but not limited to authorization requirements for electronic funds transfer. By signing this form, the account holder authorizes the employer to make electronic deposits and adjustments in case of errors. The

account holder is responsible for providing accurate information to avoid delays or errors in payment processing. This authorization does not constitute a contract of employment or guarantee of continued employment.

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