Direct Deposit Authorization Form

DIRECT DEPOSIT AUTHORIZATION FORM

Employee information

- **Employee name:** [EMPLOYEE NAME]
- **Employee ID:** [ID]
- **Department:** [DEPARTMENT]
- **Action:** [ ] New setup [ ] Change accounts [ ] Cancel direct deposit

Primary account (net pay destination)

- **Bank name:** _____
- **Account type:** [ ] Checking [ ] Savings
- **Routing number (9 digits):** _____
- **Account number:** _____
- **Deposit:** [ ] Entire net pay [ ] $ _____ per pay period

Secondary account (optional split)

- **Bank name:** _____
- **Account type:** [ ] Checking [ ] Savings
- **Routing number (9 digits):** _____
- **Account number:** _____
- **Deposit:** $ _____ per pay period (remainder to primary)

Attach a voided check or bank-issued direct deposit letter for each account.

Authorization

I authorize [COMPANY NAME] to deposit my pay automatically into the account(s) above, and to debit the account(s) to correct erroneous deposits, as permitted by law. This authorization remains in effect until I revoke it in writing. I understand changes may take one to two pay cycles to take effect.

Employee signature: _____ Date: _____

For payroll use only — Received by: _____ Date: _____ Entered: [ ] Yes Effective pay date: _____
