



DIRECT DEPOSIT AUTHORIZATION FORMS FOR EMPLOYEES

I hereby authorize my employer, _____,
(hereinafter COMPANY) to deposit any amounts owed me by initiating credit entries to my
account at the financial institution (herein BANK) indicated below. Further, I authorize BANK
to accept and to credit any credit entries indicated by COMPANY to my account. In the event
that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit
my account for an amount not to exceed the original amount of the erroneous credit.

EMPLOYEE INFORMATION

EMPLOYEE NAME _____

SOCIAL SECURITY NUMBER _____

- BEGIN DEPOSIT
- CHANGE INFORMATION
- CANCEL

BANK NAME _____

CHECKING I WISH TO DEPOSIT (choose one) \$ _____ % ALL

SAVINGS I WISH TO DEPOSIT (choose one) \$ _____ % ALL

This authorization is to remain in full force and effect until the COMPANY and BANK have
received written notice from me of its termination in such time and in such manner as to afford
COMPANY and BANK a reasonable opportunity to act on it.

EMPLOYEE SIGNATURE _____ DATE _____

**BE SURE TO ATTACH A VOIDED CHECK FOR DEPOSITS INTO
CHECKING OR A DEPOSIT SLIP FOR DEPOSITS INTO SAVINGS**