



Direct Deposit Authorization

Company:

Employee:

<p>Attach Voided Employee Check Here</p>
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I, _____ (employee), authorize my employer _____ to initiate credit entries to the my (our) account indicated below. If necessary, my employer may also initiate debit entries and adjustments for any credit entries that are in error.

<input type="checkbox"/> Checking Account
<input type="checkbox"/> Savings Account

<input type="checkbox"/> Net Pay (100%)
<input type="checkbox"/> % of Net Pay Percentage of Net Pay: or Flat Dollar Amount:

Account Number	
ABA/Transit Number	
Bank Name	

This authority remains in force and effect until my employer has received written notification from me of its termination.

Signature of Employee: _____

Date: _____

Signature of Employer: _____

Date: _____