

# Payroll Direct Deposit Form

- Check One:  New  
 Change an existing Account  
 New Account to add to existing account(s)  
 Cancellation (account# \_\_\_\_\_)

Effective Date: \_\_\_\_\_  
 Employee Name: \_\_\_\_\_ Employee SSN: \_\_\_\_\_  
 Employee Email: \_\_\_\_\_

NOTE: The following MUST be attached to this form to setup new or additional accounts:  
 Checking Accounts: A voided check  
 Other Accounts: Written proof of transit routing # AND account # from financial institution

Financial Institution Name:	Allocation Priority:    ___1    ___2    ___3 The order of deposit if you are depositing more than one account
Financial Institution Address:	Account Information: Routing#: _____ Account#: _____ Type of Account:   ___Checking    ___Savings
Check One:       ___Full Deposit   ___Amount to Deposit       ___Percentage to Deposit   ___Excess \$ _____   % _____	

Financial Institution Name:	Allocation Priority:    ___1    ___2    ___3 The order of deposit if you are depositing more than one account
Financial Institution Address:	Account Information: Routing#: _____ Account#: _____ Type of Account:   ___Checking    ___Savings
Check One:       ___Full Deposit   ___Amount to Deposit       ___Percentage to Deposit   ___Excess \$ _____   % _____	

Financial Institution Name:	Allocation Priority:    ___1    ___2    ___3 The order of deposit if you are depositing more than one account
Financial Institution Address:	Account Information: Routing#: _____ Account#: _____ Type of Account:   ___Checking    ___Savings
Check One:       ___Full Deposit   ___Amount to Deposit       ___Percentage to Deposit   ___Excess \$ _____   % _____	

**AUTHORIZATION**

I authorize \_\_\_\_\_ (the "Company") and the financial institution indicated above to deposit my pay automatically to my account each payday. If monies to which I am not entitled are deposited in my account, I authorize the Company to direct the financial institution to return said funds. This authorization will remain in effect until I have cancelled it in writing in such a manner as to afford the Company and the financial institution a reasonable opportunity to act on it.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_ Location Phone# \_\_\_\_\_

**This form cannot be processed without proper documentation.**