

Company Payroll Direct Deposit Agreement Form

Please complete all fields below to authorize direct deposit of your payroll checks. Print and return the completed form to the HR or Payroll department.

Company Information

Company Name:

Company Representative:

Employee Information

Employee Full Name:

Employee ID:

Street Address:

Phone Number:

Email Address:

Account Information

Please specify up to two accounts for deposit. For "Account Type", please type "Checking" or "Savings".

Primary Account

Bank Name:

Routing Number (9 Digits):

Account Number:

Account Type (Checking/Savings):

Deposit Amount (Entire Net Pay or %):

Secondary Account (Optional)

Bank Name:

Routing Number (9 Digits):

Account Number:

Account Type (Checking/Savings):

Deposit Amount (Remaining Net Pay or %):

Authorization and Signature

I hereby authorize the Company named above to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries in error to my account(s) indicated above. This authorization is to remain in full force and effect until the Company has received written notification from me of its termination in such time and in such manner as to afford the Company and the Bank a reasonable opportunity to act on it.

Employee Signature (Sign after printing): _____

Date (MM/DD/YYYY):

Note for Payroll Office: Please attach a voided check or a direct deposit letter from the financial institution(s) to verify account and routing information before processing this request.

