

# Salaried Employee Direct Deposit Authorization Form

Please complete this form to initiate or change the direct deposit of your salaried paycheck. Once completed, please print, sign, and submit this form to the Payroll Department.

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## 1. Employee Information

Full Name (Last, First, M.I.):	<input type="text"/>
Employee ID Number:	<input type="text"/>
Social Security Number (Last 4 Digits):	<input type="text"/>
Department:	<input type="text"/>
Job Title (Salaried):	<input type="text" value="Salaried Employee"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>

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## 2. Primary Bank Account Information

Your salaried net pay will be deposited into this account unless a secondary account is specified below.

Bank Name:	<input type="text"/>
Routing Transit Number (9 Digits):	<input type="text"/>
Account Number:	<input type="text"/>
Account Type (Checking or Savings):	<input type="text" value="e.g., Checking"/>
Deposit Amount (Entire Paycheck or Specific Dollar Amount):	<input type="text" value="e.g., Entire Paycheck / \$1000"/>

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## 3. Secondary Bank Account Information (Optional)

Complete this section only if you wish to split your salaried paycheck deposit between two accounts.

Bank Name:	<input type="text"/>
Routing Transit Number (9 Digits):	<input type="text"/>
Account Number:	<input type="text"/>
Account Type (Checking or Savings):	<input type="text" value="e.g., Savings"/>
Deposit Amount (Specific Dollar Amount or Remaining Balance):	<input type="text" value="e.g., Remaining Balance"/>

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## 4. Authorization and Signature

I hereby authorize my employer to deposit my salaried payroll earnings into the account(s) indicated above. I also authorize the financial institution(s) to accept such deposits and to make any necessary debit adjustments in the event of an overpayment or credit error. 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 financial institution a reasonable opportunity to act on it.

**Note: Please attach a voided check for each checking account specified above to verify bank routing and account numbers.**

Printed Employee Name:	<input type="text"/>
Employee Signature (Sign after printing):	<input type="text" value="Sign on printed copy"/>
Date (MM/DD/YYYY):	<input type="text"/>