

# Electronic Funds Transfer (EFT) Authorization Form

Please complete all fields below to authorize the direct deposit of your payroll. After completing this digital form, please print, sign, and submit it to the Payroll Department along with a voided check or bank letter.

## Employee Information

Full Name (Last, First, Middle Initial):	<input type="text"/>
Employee ID Number:	<input type="text"/>
Street Address:	<input type="text"/>
City, State, Zip Code:	<input type="text"/>
Phone Number:	<input type="text"/>
Email Address:	<input type="text"/>

## Bank Account Information

Please provide the banking details for the account where you wish your funds to be deposited.

Financial Institution (Bank Name):	<input type="text"/>
Routing Transit Number (9 Digits):	<input type="text"/>
Account Number:	<input type="text"/>
Account Type (Enter "Checking" or "Savings"):	<input type="text"/>

## Authorization Statement

I hereby authorize my employer to initiate credit entries and, if necessary, debit entries and adjustments for any credit entries made in error to my account indicated above. I authorize the Financial Institution named above to credit and/or debit the same to such account.

This authorization is to remain in full force and effect until the employer has received written notification from me of its termination in such time and in such manner as to afford the employer and the Financial Institution a reasonable opportunity to act on it.

## Signature and Date

Please print and sign this form by hand.

Authorized Signature (Sign after printing):	<input type="text" value="[ Sign Here on Printed Copy ]"/>
Date (MM/DD/YYYY):	<input type="text"/>