

# Standard Payroll Direct Deposit Authorization Form

Please complete all fields below to authorize direct deposit of your payroll net pay. Once completed, print, sign, and return this form to your HR or Payroll department.

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## 1. Employer Information

Company/Employer Name:

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## 2. Employee Information

Full Name:

Employee ID / SSN (Last 4 digits):

Phone Number:

Email Address:

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## 3. Bank Account Information

Please specify your account details below. If you wish to split your deposit, use Account 1 and Account 2.

### Account 1 (Primary)

Bank Name:

Routing Number (9 Digits):

Account Number:

Account Type (Checking or Savings):

Deposit Amount (Entire Net Pay or \$ Amount):

### Account 2 (Optional)

Bank Name:

Routing Number (9 Digits):

Account Number:

Account Type (Checking or Savings):

Deposit Amount (\$ Amount or Remaining Balance):

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## 4. Authorization and Signature

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(s) listed above. This authorization is to remain in full force and effect until my employer has received written notification from me of its termination in such time and in such manner as to afford my employer and depository a reasonable opportunity to act on it.

Please print this form and sign below to complete the authorization.

Employee Written Signature:

Date (MM/DD/YYYY):

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**Note for processing:** Please attach a voided check or a direct deposit bank letter for each account specified above to verify the routing and account numbers.