

Hourly Employee Direct Deposit Authorization Form

Directions: Please fill out this form to initiate or change your direct deposit details. Print the completed form, sign it, and return it to the Payroll Department along with a voided check for confirmation.

Employee Information

Full Name:

Employee ID:

Social Security Number (Last 4 Digits):

Phone Number:

Email Address:

Primary Account Information

Bank Name:

Routing Number (9 Digits):

Account Number:

Account Type (Checking or Savings):

Deposit Amount (Entire Net Pay or Dollar Amount):

Secondary Account Information (Optional)

Bank Name:

Routing Number (9 Digits):

Account Number:

Account Type (Checking or Savings):

Deposit Amount (Remaining Net Pay or Dollar Amount):

Authorization and Signature

I hereby authorize my employer to deposit my hourly wages into the financial institution(s) and account(s) listed above. This authorization will remain in effect until I submit a written notification to change or cancel it.

Employee Signature (Sign after printing):

Date: