



Co ID: \_\_\_\_\_ Company Name: \_\_\_\_\_

**Authorization Agreement For Direct Deposit**

\_\_\_\_ New      \_\_\_\_ Change      \_\_\_\_ Add to existing (please check one)

Employee Name: \_\_\_\_\_ (Please Print Clearly)

I hereby authorize my employer to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to my account or accounts listed below.

1. \_\_\_\_\_ Type of Account  
Name of Bank, Savings & Loan or Credit Union  
\_\_\_\_ Checking or \_\_\_\_ Savings  
\_\_\_\_\_  
Routing and Transit Number      Percent of Net Pay \_\_\_\_\_ %  
\_\_\_\_\_  
Account Number      Fixed Amount of Net \$ \_\_\_\_\_

2. \_\_\_\_\_ Type of Account  
Name of Bank, Savings & Loan of Credit Union  
\_\_\_\_ Checking or \_\_\_\_ Savings  
\_\_\_\_\_  
Routing and Transit Number      Percent of Net Pay \_\_\_\_\_ %  
\_\_\_\_\_  
Account Number      Fixed Amount of Net \$ \_\_\_\_\_

**Attach Voided Check Here**

(deposit tickets are not acceptable- they do not carry the correct routing number)

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

Date: \_\_\_\_\_ Signature of Employee: \_\_\_\_\_