

# AUTHORIZATION FOR DIRECT DEPOSIT

I authorize \_\_\_\_\_ (hereinafter referred to as **"THE PAYER"**) to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford THE PAYER a reasonable opportunity to act on it.

**Employee/Contractor Name:** \_\_\_\_\_ **E-Mail:** \_\_\_\_\_

**Employee/Contractor Address:** \_\_\_\_\_ **City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

## Primary Direct Deposit

Name of the Bank: \_\_\_\_\_

Name on bank account: \_\_\_\_\_

Bank account number: \_\_\_\_\_ Checking ☐ or Savings ☐

Bank routing number:

entire paycheck: ☐

Amount: \$ \_\_\_\_\_ (note how you want to pay the balance of the check below)

\*Balance of pay to: Manual (paper check) ☐ or Secondary account ☐ (continue below)

----- **Stop here if using only one account** -----

\*Note: Split payments are not available for contractors.

## Secondary Direct Deposit (balance after direct deposit entry above)

Name of the Bank: \_\_\_\_\_

Name on bank account: \_\_\_\_\_

Bank account number: \_\_\_\_\_ Checking ☐ or Savings ☐

Bank routing number:

**Employee/Contractor Signature** \_\_\_\_\_ **Date:** \_\_\_\_\_

PLEASE GIVE THIS COMPLETED DOCUMENT AND A VOIDED CHECK TO YOUR MANAGER.

**Payers:** Don't send us this form with your Direct Deposit enrollment. Keep for your records.