

# Authorization for Direct Deposits - Employee Form

This authorizes \_\_\_\_\_ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

## Account #1

ACCOUNT TYPE (e.g. Checking or Savings) \_\_\_\_\_  
EMPLOYEE BANK NAME \_\_\_\_\_  
BRANCH \_\_\_\_\_  
CITY, STATE \_\_\_\_\_  
ACCOUNT NUMBER \_\_\_\_\_  
\*BANK ROUTING NUMBER (ABA#) \_\_\_\_\_

## Account #2

ACCOUNT TYPE (e.g. Checking or Savings) \_\_\_\_\_  
EMPLOYEE BANK NAME \_\_\_\_\_  
BRANCH \_\_\_\_\_  
CITY, STATE \_\_\_\_\_  
ACCOUNT NUMBER \_\_\_\_\_  
\*BANK ROUTING NUMBER (ABA#) \_\_\_\_\_

**\*Do not use the routing number from a deposit slip.**

**To ensure accuracy, please provide a copy of a voided check.**

**Please be advised, we will not be responsible for misdirected deposits if you do not provide a copy of a voided check.**

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
PRINTED NAME

\_\_\_\_\_  
DATE