



Authorization for Direct Deposit

I authorize _____ 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 a reasonable opportunity to act on it.

Name on bank account: _____
Bank account number: _____ Checking ___ Savings ___
Bank routing number: _____
Amount: \$ _____ or entire paycheck: _____

***Balance of pay to:**
_____ Manual (paper check)
_____ Account described below

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

Name on bank account: _____
Bank account number: _____ Checking ___ Savings ___
Bank routing number: _____

Important: Please attach a voided check for each bank account to which funds should be deposited.

Employee/Contractor signature: _____
Date: _____

Attach Voided Check