

**PAYROLL DIRECT DEPOSIT  
AUTHORIZATION FORM**

Company Name \_\_\_\_\_ Company Tax ID # \_\_\_\_\_

I authorize \_\_\_\_\_, hereinafter called COMPANY, to initiate credit entries to my ( ) **Checking** ( ) **Savings** account (select one) indicated below at the depository financial institution named below, hereinafter called DEPOSITORY. Also, if necessary, initiate adjustments for any transactions credited in error.

Depository Bank Name \_\_\_\_\_ Branch \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Routing/Transit Number \_\_\_\_\_ Account No. \_\_\_\_\_

This authorization will remain in full force and effect until COMPANY has received written notification from me of its termination in such time and in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it.

Employee Name \_\_\_\_\_ SSN \_\_\_\_\_  
PLEASE PRINT

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_

OPTIONAL:  
Depository Bank Verification: \_\_\_\_\_ Date: \_\_\_\_\_  
SIGNATURE OF BANK REPRESENTATIVE

**NOTE: IN THE CASE OF REVOKED AUTHORIZATION, ALL WRITTEN AUTHORIZATIONS MUST BE REVOKED ONLY BY NOTIFYING THE ORIGINATOR (COMPANY) IN WRITING NO LATER THAN 15 DAYS BEFORE THE NEXT TRANSACTION EFFECTIVE DATE.**

**A VOIDED CHECK MUST BE ATTACHED TO THIS FORM. STAPLE VOIDED CHECK BELOW.**