

PAYROLL DIRECT DEPOSIT AUTHORIZATION FORM

(This form changes only an employee bank account(s) for direct deposit)

I, _____, **(employee)** do hereby authorize

_____ **(employer)** to deposit my payroll check directly into all of my Checking or Savings accounts as specified below or (if checked) add to my Payroll Debit Card. I understand this authorization will remain in effect until I provide timely written notice to cancel this service. I also understand that my account may receive a prenote (\$0.00) transaction one pay cycle before I can begin the direct deposit on a live basis. I authorize any overpayments to me to be electronically deducted from my account or Payroll Debit Card.

Account(s) to be credited (can be deposited in multiple accounts):

Bank Routing # _____ Acct. # _____ % , \$\$ or Net _____

Type of account: Checking _____ Savings _____

Bank Routing # _____ Acct. # _____ % , \$\$ or Net _____

Type of account: Checking _____ Savings _____

Bank Routing # _____ Acct. # _____ % , \$\$ or Net _____

Type of account: Checking _____ Savings _____

(i.e.: 100% into checking; **or** \$20.00 into Savings, **Net** amount into Checking; **or** 10.00% into Savings, Net amount into Checking or Payroll Debit Card)

_____ I authorize my employer to add my Net Pay to the balance of my Payroll Debit Card.

Email Address: _____

Signature of employee

Date

Voided check (not a deposit slip), a letter from your bank or an internet copy of the ABA routing number and account number should be attached to ensure accuracy.