



DIRECT DEPOSIT FORM

AUTHORIZATION AGREEMENT FOR AUTOMATIC DEPOSIT (CREDITS)

EMPLOYEE NAME: _____ EMP ID: _____
I hereby authorize my employer _____ to initiate credit entries and to initiate if necessary, debit entries and adjustments for any credit entries in error to my account or accounts listed below. Please attach a **VOIDED CHECK ONLY. DO NOT SEND A DEPOSIT SLIP.**

1. _____ Checking Savings
Name of bank, savings & loan or credit union

Routing/Transit Number Account Number

I wish to deposit the following into this account (**select only one**):

\$ _____ **OR** _____ % net pay amount **OR** _____ Entire Net Amount

2. _____ Checking Savings
Name of bank, savings & loan or credit union

Routing/Transit Number Account Number

I wish to deposit the following into this account (**select only one**):

\$ _____ **OR** _____ % net pay amount **OR** _____ Entire Net Amount

3. _____ Checking Savings
Name of bank, savings & loan or credit union

Routing/Transit Number Account Number

I wish to deposit the following into this account (**select only one**):

\$ _____ **OR** _____ % net pay amount **OR** _____ Entire Net Amount
