



Direct Deposit Authorization

Company Information

Employer Name

Employee and Bank Information

Emp # or SSN Last Four

Last Name

First Name

Request Type

Router/Transit Number

Account Number

Checking or Savings

Amount or Percent



Routing/Transit #
(A 9-digit number always between these two marks)

Checking Account #

Check #
(this number matches the number in the upper right corner of the check— not needed for sign-up)

Acknowledgement of Understanding and Liability

I understand and acknowledge:

- I must submit a new authorization form if I close or change the bank account above and failure to do so may result in a delay of deposit or possibly funds returned to my employer.
- It is my responsibility to keep apprised of any debits or credits made to my account(s) including dates and amounts of debits or credits.
- It is my responsibility to verify payroll deposits **BEFORE** writing checks or authorizing debits against these funds and neither my employer nor payroll company is responsible for bank fees caused by such debits.

Employee Signature

Date