



Company Name: \_\_\_\_\_

PLEASE WRITE LEGIBLE

Name: \_\_\_\_\_ M.I.: \_\_\_\_ Last Name: \_\_\_\_\_

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

DOB (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Job Classification: \_\_\_\_\_

Department: \_\_\_\_\_

Hourly Rate: \$ \_\_\_\_\_ Salary Rate: \$ \_\_\_\_\_

Hired Date (MM/DD/YYYY): \_\_\_\_/\_\_\_\_/\_\_\_\_

Marital Status: Married: \_\_\_\_ Single: \_\_\_\_

Allowances: 0: \_\_\_\_ 1: \_\_\_\_ 2: \_\_\_\_ 3: \_\_\_\_ 4: \_\_\_\_ 5: \_\_\_\_

Other: \_\_\_\_

Additional Withholding: \$ \_\_\_\_\_

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Employee Email Address: \_\_\_\_\_

Please use this form for new hires and to update current employees.



**EMPLOYEE DIRECT DEPOSIT AUTHORIZATION AGREEMENT**

New Enrollment  Change Enrollment  Add Additional Account  Cancel Enrollment

Company Name: \_\_\_\_\_

Effective Date \_\_\_\_\_ Employee Name \_\_\_\_\_

I hereby authorize my employer, or a payroll processor on my employee's behalf, to Deposit any amounts owed me by initiating credit entries to my account at the financial institution (the BANK) indicated below. Further, I authorize the BANK to accept and credit entries indicated by the COMPANY to my checking and/or savings accounts as follows:

Bank Name: \_\_\_\_\_

Routing # (9 digits) \_\_\_\_\_ Account \_\_\_\_\_

I wish to deposit: Entire Net Pay or \$ \_\_\_\_\_ or \_\_\_\_\_ %

Bank Name: \_\_\_\_\_

Routing # (9 digits) \_\_\_\_\_ Account \_\_\_\_\_

I wish to deposit: Entire Net Pay or \$ \_\_\_\_\_ or \_\_\_\_\_ %

**Voided check must be attached OR Financial Institution Authorization Statement must be signed by bank official.**

Further, I authorize COMPANY and payroll service provider to debit my account in the event of a credit, which should not have been made, or which was made for an incorrect amount, for an amount not to exceed the original amount of the erroneous credit. I agree that this authority is the remain in full force and effect until COMPANY and BANK have received written notification from me of its termination in such time in such manner as to afford COMPANY and BANK reasonable opportunity to act on it. I also acknowledge that I have retained a copy of this form. Employee

Signature: \_\_\_\_\_ DATE: \_\_\_\_\_

Employee Email Address: \_\_\_\_\_