

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

Use this form to authorize direct deposit of wages or other payroll-related payments to the account(s) listed below. Complete all required fields and return the form to your employer. Do not send this form directly to your bank.

1. Employee Information

Employee Name		Employee ID (optional)	
Employer / Client Name		Email or Phone	

2. Authorization Type

☐ New direct deposit ☐ Change existing direct deposit ☐ Cancel direct deposit

3. Bank Account Information - Primary Account

Bank Name		Effective Date	
Routing Number		Account Number	
Deposit Amount	☐ Entire net pay ☐ Flat Rate \$_____ ☐ Percentage _____%	Account Type	☐ Checking ☐ Savings

Optional Additional Account - Use only if your employer supports split direct deposit

Bank Name		Effective Date	
Routing Number		Account Number	
Deposit Amount	☐ Entire net pay ☐ Flat Rate \$_____ ☐ Percentage _____%	Account Type	☐ Checking ☐ Savings

4. Employee Authorization

I authorize my employer, its payroll service provider, and their applicable financial institutions to initiate ACH credit entries to the account(s) identified above for payroll and other authorized payments. I also authorize ACH debit or credit entries to those account(s) solely to correct an erroneous or duplicate entry, and only to the extent permitted by the NACHA Operating Rules and applicable law.

I certify that I am an owner or authorized signer on each account listed above and that the routing and account information I provided is accurate. I understand that I am responsible for notifying my employer promptly of any change to this information. This authorization will remain in effect until I revoke or replace it by providing notice to my employer in the manner required by my employer and allowing a reasonable period for the change to be processed. Revocation does not affect entries already transmitted or otherwise irrevocable under applicable ACH rules.

I understand that direct deposit availability may depend on my employer's payroll schedule, processing deadlines, banking holidays, and the receiving financial institution. I should verify my first deposit before relying on direct deposit as the sole method of payment receipt.

Attach a voided check or direct deposit bank letter with this form.

Employee Signature		Date	
Printed Name		Last 4 of SSN (optional)	

Employer Use Only

Received By		Date Received	
Verified/Entered By		Effective Payroll	