

Employee Direct Deposit Authorization in Direct Form

Photocopy this form and distribute a copy to each employee participating in Direct Deposit.

Company Name _____
Employee Name _____ **SS#** _____

Bank Name
Bank Address
Bank City, State, Zip
Routing/Transit No.
Account No.

Savings
 Checking
Amount for this Account:
\$ _____
Or _____%

Staple Voided Check Here
Label It 1

Bank Name
Bank Address
Bank City, State, Zip
Routing/Transit No.
Account No.

Savings
 Checking
Amount for this Account:
\$ _____
Or _____%

Staple Voided Check Here
Label It 1

I authorize my employer and its Agents, including Financial Institutions, to indicate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and /or savings accounts listed above. This authorization will remain in effect until I have informed my employer in writing that I wish to cancel it and my employer has had reasonable time to effect such cancellation.

Employee Signature

Date

Send to Whitfield Business & Tax Services, Inc.,

Company Name: _____