

## Authorization for Direct Deposit

I authorize (my employer) \_\_\_\_\_ to deposit my pay automatically to the account indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford my employer a reasonable opportunity to act on it.

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

Bank Routing Number: \_\_\_\_\_

Bank Account Number: \_\_\_\_\_ Checking \_\_\_ or Savings \_\_\_\_

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employee's Printed Name (legibly): \_\_\_\_\_

Employee's email address (print legibly):  
\_\_\_\_\_

**(\*Note: Paystubs are viewed/printed by the employee. Paystubs will NOT be handed out by the employer. An email will be sent to the email address listed above for viewing/printing by the employee.)**

**A voided check must be submitted with this form.** In the space provided, please attach a voided check from the bank account to which funds will be deposited.

**Attach check here**