

Employee Payroll Direct Deposit Authorization

Please print legibly and complete all sections of this form. Failure to do so could cause this form to be returned to you.

Employee Name:	SSN:
Client Name:	
I hereby authorize my employer to directly deposit my pay into the bank account specified.	
This authorization is to remain in force until the company has received written authorization from me of its termination or change.	
Also, I grant my employer the right to correct any electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment. If sufficient funds are not available in my account, I authorize my employer to withhold such overpayment from one or more subsequent paychecks. Please attach a voided check to this form. Failure to do so will cause this form to be returned to you.	
DISTRIBUTION #1: (100% - will transfer all funds)	DISTRIBUTION #2:
Bank Name: Bank Phone#: Account #: Routing &Transit #:	Bank Name: Bank Phone #: Account #: Routing & Transit #:
This is a Checking Savings account. Amount: \$or percentage%	This is a Checking Savings account. Amount: \$or percentage%
NOTE: Please verify the above information with your financial institution.	
 It can take from 2 to 3 pay periods after receipt of your Direct Deposit form for your Direct Deposit to become effective. If this form is a change in your current direct deposit, you may receive one to two actual checks while your new information is being processed. Funds transferred by electronic transmission normally post to the account 2 banking days after the payroll is reported, but not prior to your pay date. Employees are responsible for verifying that their funds are deposited and available for use prior to writing checks or debiting their account. 	
Signature of Employee	 Date