



Employee Authorization Agreement for Automatic Direct Deposit

- * Funds will be available Fridays by end of business day * 100% of net pay deposited into single account
- * Allow up to three weeks for activation
- * Pay Stubs will be available electronically

A. Bank Name: _____

B. Bank Transit Routing Number:

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C. Bank Account Number:

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D. _____ Checking _____ Savings

E. Name on Account _____
(as it appears on bank statement / must be in employee's name)

- ❖ I authorize my employer and the bank listed above to deposit my net pay into my account each payday.
- ❖ If funds to which I am not entitled are deposited into my account, I authorize my employer to direct the bank to return said funds to my employer.

Employee Name (Print): _____

Employee Signature: _____

Social Security #: _____

Email Address: _____

Date: _____

***You must attach a voided check or savings deposit slip here**