

## Authorization for Direct Deposit

Complete this form for each employee or contractor electing direct deposit

**Employee/Contractor Name:** \_\_\_\_\_

**Employee/Contractor Email:** [For paystub mailing] \_\_\_\_\_

I authorize \_\_\_\_\_, to deposit my pay automatically to the account[s] 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 \_\_\_\_\_ a reasonable opportunity to act on it.

### **Primary Direct Deposit:**

Name on bank account: \_\_\_\_\_

Bank account number: \_\_\_\_\_ Checking \_\_\_\_ or Savings \_\_\_\_

Bank routing number: \_\_\_\_\_

Amount: \$ \_\_\_\_\_ or check box for entire paycheck:

Balance of pay to:

\_\_\_\_\_ Manual [paper check]

\_\_\_\_\_ Secondary amount described below

Note: Split payments are not available for contractors.

### **Secondary Direct Deposit:** [Balance after direct deposit entry above]

Name on bank account: \_\_\_\_\_

Bank account number: \_\_\_\_\_ Checking \_\_\_\_ or Savings \_\_\_\_

Bank routing number: \_\_\_\_\_

**Important:** Please attach a voided check for each bank account to which funds should be deposited.

**Employee /Contractor signature:** \_\_\_\_\_

**Payers:** Don't send us this form with your direct deposit enrollment. Keep for your records.