



## Direct Deposit Authorization Form

Employer Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

I authorize the above-named employer, and the financial institution to deposit my net pay and/or flat amount automatically into my account(s) each payday, and to initiate any necessary adjustments for entries made in error to my account.

**A VOIDED CHECK OR DOCUMENT FROM YOUR BANKING INSTITUTION  
SHOWING THE ROUTING (ABA) AND ACCOUNT NUMBERS MUST BE  
ATTACHED.**

**Please indicate account type (Checking or Savings):**

Have you attached a voided check or bank documentation of routing number and account number?

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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SHOWING THE ROUTING (ABA) AND ACCOUNT NUMBERS MUST BE  
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