Authorization for Direct Deposit

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.

Name on bank account: _____

Bank account number: _____Checking ___ Savings ___

Bank routing number: _____

Amount: $ _____ or entire paycheck: ___

***Balance of pay to**:

_____ Manual (paper check)

_____ Account described below

***Note**: Split payments are not available for contractors.

Name on bank account: _____

Bank account number: _____Checking ___ Savings ___

Bank routing number: _____

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

Employee/Contractor signature: _____

Date: _____

Payers: Do not send this form with your Direct Deposit enrollment. Keep for your records.