

# Direct Deposit Authorization Form

**Instructions: Complete and attach a voided check for each account to which funds should be deposited. Return to Company.**

This authorizes \_\_\_\_\_ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to the account(s) (the "Account") indicated below. This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

**\*Split allocation options are dependent on software used by employer. Payroll processor will confirm which option is utilized.**

## Account 1

Account Type (check one):

Checking                       Savings

\_\_\_\_\_  
Name on account

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Financial Institution Routing Number (ABA number):

\_\_\_\_\_  
Financial Institution Account Number

\*Dollar amount or percentage to be deposited to this account: \$ \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print name

## Account 2

Account Type (check one):

Checking                       Savings

\_\_\_\_\_  
Name on account

\_\_\_\_\_  
Financial Institution Name

\_\_\_\_\_  
Financial Institution Routing Number (ABA number):

\_\_\_\_\_  
Financial Institution Account Number

\*Dollar amount or percentage to be deposited to this account: \$ \_\_\_\_\_

\_\_\_\_\_  
Date