



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 **Savings**

Signature

Date