Employee Direct Deposit Authorization Form

Direct Deposit automatically deposits your paycheck into the bank account(s) you select. Distribute your pay among multiple accounts (checking, savings…) at different financial institutions. Your pay will be deposited in your accounts on appropriate Friday morning when the institution of your choice opens for business. You will still receive a check stub outlining the details of your pay. For initial enrollment or changes, complete the information below and attach voided deposit slip(s) or check(s). If you specify a dollar amount to be deposited to your first account, and your net pay does not reach that amount, your pay will be distributed into the next account, and/or a check will be issued if an additional account is not specified.

Account One

Bank Name
_____

Bank Address
_____

Bank City, State & Zip
_____

Routing & Transit Number
9 digits   ___ ___ ___ ___ ___ ___ ___ ___ ___

Account Number
___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

? Savings

? Checking

$_____
OR
_____%

Attach Voided Check Here

(If Savings, please attach deposit slip and check with your bank to ensure you have the correct routing number.)

Account Two

Bank Name
_____

Bank Address
_____

Bank City, State & Zip
_____

Routing & Transit Number
9 digits   ___ ___ ___ ___ ___ ___ ___ ___ ___

Account Number
___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

? Savings

? Checking

$_____
OR
_____%

Attach Voided Check Here

(If Savings, please attach deposit slip and check with your bank to ensure you have the correct routing number.)

Account Three

Bank Name
_____

Bank Address
_____

Bank City, State & Zip
_____

Routing & Transit Number
9 digits   ___ ___ ___ ___ ___ ___ ___ ___ ___

Account Number
___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___ ___

? Savings

? Checking

$_____
OR
_____%

Attach Voided Check Here

(If Savings, please attach deposit slip and check with your bank to ensure you have the correct routing number.)

I authorize Payroll Control Systems and its Agents, including Financial Institutions, acting on behalf of my employer, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts listed above. This authorization will remain in effect until Payroll Control Systems has received written information of its termination in such time and in such manner as to afford Payroll Control Systems, and its agents, a reasonable opportunity to cancel it.

Name_____   Social Security # _____   Employee # _____

_____   _____
Employee Signature   Date