

Direct Deposit Employee Sample Authorization Form

The authorization form gives your company and your financial institution authority to deposit your pay to your account. All you need to do is:

1. Fill in your name, social security number and work phone number in the Employee Information section.
2. Fill in your company name, and check either your savings or checking account that funds will be deposited into.
3. Fill in your financial institution, account number, routing/transit number, and location of your financial institution
4. Attach a voided check for verification of all financial institution information.
5. Please sign and date the bottom of the form.

Employee Information

Employee Name: _____

Employee Social Security Number: _____

Employee Work Phone: _____

Authorization for Direct Deposit

I authorize _____ to initiate electronic credit entries each pay period to my:

Check one: Checking Account Savings Account If necessary, debit entries and adjustments for any credit entries to this account. I acknowledge that the origination of ACH transactions to my account and comply with the provisions of U.S. law. This authority will remain in effect until I have cancelled it in writing.

Direct Deposit Account Information

Financial Institutions Name: _____

Account Number at Financial Institutions: _____

Financial Institutions Routing/Transit Number: _____

Financial Institution City and State: _____

Employee Authorization

Signature: _____

Date: _____

Please staple voided check to side of this page.

Source: Direct Deposit and Direct Payment, www.directdeposit.org and www.directpayment.org.