

Employee Direct Deposit Authorization Form

Photocopy this form and distribute a copy to each employee participating in Direct Deposit.

ACCOUNT ONE

Bank Name
Bank Address
Bank City, State, Zip
Routing/Transit No.
Account No.

This is a:

Savings Account Provide Voided Check

Checking Account Check

Amount for this Account: Label it

REMAINDER **"Account One"**

ACCOUNT TWO

Bank Name
Bank Address
Bank City, State, Zip
Routing/Transit No.
Account No.

This is a:

Savings Account Provide Voided Check

Checking Account Check

Amount for this Account: Label it

\$ _____ OR _____% **"Account Two"**

ACCOUNT THREE

Bank Name
Bank Address
Bank City, State, Zip
Routing/Transit No.
Account No.

This is a:

Savings Account Provide Voided Check

Checking Account Check

Amount for this Account: Label it

\$ _____ OR _____% **"Account Three"**

ACCOUNT FOUR

Bank Name
Bank Address
Bank City, State, Zip
Routing/Transit No.
Account No.

This is a:

Savings Account Provide Voided Check

Checking Account Check

Amount for this Account: Label it

\$ _____ OR _____% **"Account Four"**

I authorize my employer, _____, and its Agents, including Financial Institutions, 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 I have informed my employer in writing that I wish to cancel it and my employer has had reasonable time to effect such cancellation.

Employee Signature

Date

Please return to Job Williamson CPA LLC with voided check(s) & Payroll New Hire & Information Update Form