



Direct Deposit - Employee Authorization

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|----------------|--------------------|
| Company Name: | |
| Employee Name: | Social Security #: |

I authorize you and the financial institution(s) listed below to deposit my pay automatically to the indicated account(s) and to make adjusting entries as may be required.

| Bank/Credit Union | Amount (\$) or Percent (%) | Circle Type | Routing Number (9 digits) | Account Number |
|-------------------|----------------------------|--------------------|---------------------------|----------------|
| | | Checking Saving | | |
| | | Checking Saving | | |
| | | Checking Saving | | |

Please Check One:

| | | | |
|--------------------------|---|-------------|--------------------------------|
| <input type="checkbox"/> | New or Additional Direct Deposit | | |
| <input type="checkbox"/> | Change the Bank or Account Number on an Existing Direct Deposit | | Account Number to be replaced: |
| <input type="checkbox"/> | Change the Amount of an Existing Direct Deposit | Amount was: | Amount changed to: |
| <input type="checkbox"/> | Other, Please Explain: | | |

PLEASE ATTACH A VOIDED CHECK OR OTHER DOCUMENTATION FOR THE DIRECT DEPOSIT BANK ACCOUNT AS VERIFICATION FOR EACH REQUEST

It is my responsibility to verify deposits on a per pay period basis before writing checks against these funds. This Authorization will take effect with the first pay period. I understand that neither my employer nor ADP is responsible for bank errors or fees. I may cancel this Direct Deposit(s) at any time.

Employee Signature: _____ Date: _____