

Direct Deposit Authorization Form

Employer information

Business Name: _____ Address: _____
City: _____ State, Zip: _____
Phone: (____) _____ Fax: (____) _____

Employee's information:

First Name _____ Middle Initial ____ Last Name _____

Address _____ Apt ____ City _____

Zip Code _____ Social Security Number _____

Date of Birth _____ Telephone Number (____) _____

Bank Name _____ Type of Account Checking Savings

Routing Number _____ Account Number _____

By signing this document I authorized Effitax to deposit my wages using Direct Deposit into my bank account, I have also verified my checking information and it is correct, I understand that if I don't want to continue the Direct Deposit I need to notify Effitax in writing at least 3 days in advance before the following payroll is due.

Employee's Signature

Date