



**DIRECT DEPOSIT  
Employee Authorization Form**

Please complete the following (print):

\_\_\_\_\_ Employee Name

\_\_\_\_\_ Employer Name

\_\_\_\_\_ Bank Name, City and State

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ABA Routing Number

\_\_\_\_\_ Account Number

TYPE OF ACCOUNT:

Amount to be deposited:

\_\_\_ Checking

\_\_\_ Entire Check

\_\_\_ Savings

\_\_\_ Flat Amount \$ \_\_\_\_\_.

Attached cancelled check here (no deposit slips accepted):

**\*\*\* ATTACH HERE \*\*\***

I authorize my employer, Alliance Payroll Services, Inc. and the above referenced financial institution to deposit my pay automatically into the account listed above. I also authorized adjusting entries as may be required.

X

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date