



DIRECT DEPOSIT AUTHORIZATION FORM

This form MUST be filled out COMPLETELY

Allow 2 pay cycles for Direct Deposit to Pre-note . You will receive a live check for the first 2 pay cycles.

Name of Employer: _____

Employee Name: _____ Social Security #: _____

<u>Account 1</u>	Type of Account	Amount to Deposit
<input type="checkbox"/> Add to Direct Deposit <input type="checkbox"/> Terminate from Direct Deposit	<input type="checkbox"/> Checking (attach voided check) <input type="checkbox"/> Savings (attach savings slip)	<input type="checkbox"/> Total Net Pay <input type="checkbox"/> Dollar Amount <input type="checkbox"/> % of check: _____%
Bank Name: _____	Bank Routing # _____	Bank Account # _____
City & State: _____		

<u>Account 2</u>	Type of Account	Amount to Deposit
<input type="checkbox"/> Add to Direct Deposit <input type="checkbox"/> Terminate from Direct Deposit	<input type="checkbox"/> Checking (attach voided check) <input type="checkbox"/> Savings (attach savings slip)	<input type="checkbox"/> Total Net Pay <input type="checkbox"/> Dollar Amount <input type="checkbox"/> % of check: _____%
Bank Name: _____	Bank Routing # _____	Bank Account # _____
City & State: _____		

I authorize my employer/payer to initiate electronic credit entries and, if necessary, debit entries and adjustments for any credit entries made in error, to my financial institution listed above. I am aware that it is my responsibility to verify that funds are deposited prior to writing checks or debiting account.

Employee Signature

Date

Attach a voided check (not a deposit slip) from your checking account here to validate account information..