

2400 East Commercial Boulevard ◆ Suite 420 ◆ Fort Lauderdale, Florida 33308 Tel: (954) 493-8040 ◆ Fax: (954) 493-8844

Direct Deposit Payroll Authorization Form

I authorize you to deposit my net pay automatically to my account(s) specified below each payday by initiating credit entries to my account electronically or by any other commercially accepted method, and I authorize the financial institution named below to credit the same to my account. If funds to which I am not entitled are deposited to my account, I authorize you to direct the financial institution to return said funds by any such method and I authorize the financial institution to debit the same to my account. This authority will remain in effect until you have received written notice from me of its cancellation in such time and manner as to afford you and the financial institution a reasonable opportunity to act on it.

*REQUIRED: SUBMIT A VOIDED CHECK or BANK VERIFICATION WITH THIS FORM.

NOTE: IF THIS IS A CHANGE, PLEASE BE SPECIFIC ON THE COMMENTS SECTION BELOW.

OTE. IF THIS IS A CHANGE, I LEASE BE SI ECIFIC ON THE COMMENTS SECTION BELOW.	
Employee Name: PLEASE PRINT	Social Security Number:
Financial Institution:	Address:
Phone #:	
Account Number:	Routing Number:
Select One:	Is this a Full Deposit Yes No
☐Checking ☐ Savings	Partial Deposit / Amount \$
and —	
2 nd Financial Institution (Optional):	Address:
Phone #:	
Account Number:	Routing Number:
Select One:	Is this a Full Deposit Yes No
□Checking □ Savings	Partial Deposit / Amount \$
COMMENTS:	
Signature	Date



2400 East Commercial Boulevard ◆ Suite 420 ◆ Fort Lauderdale, Florida 33308 Tel: (954) 493-8040 ◆ Fax: (954) 493-8844

SAMPLE CHECK



The bank Routing Transit Number (ABA/TR#) is always 9 digits.