

EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

Employee Name: _____ Employee ID: _____

Department: _____ Position/Title: _____

Bank Account Information:

Bank Name: _____

Routing Number (ABA): _____

Account Number: _____

Account Type: _____ Checking Savings

Authorization and Agreement:

I hereby authorize my employer and the financial institution named above to initiate credit entries to my account at the financial institution indicated above. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law. This authorization is to remain in full force and effect until my employer has received written notification from me of its termination in such time and manner as to afford my employer and financial institution a reasonable opportunity to act on it.

Employee Certification:

I certify that the above information is accurate and complete to the best of my knowledge. I understand that any false information may result in disciplinary action, up to and including termination, and/or legal action.

Employee Signature

Date

Employer Representative Signature

Date

authorizes electronic deposit of net pay and acknowledges understanding of their rights and responsibilities.

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