Employee Direct Deposit

Company Name:

Employee Name:

Bank name:

Account number:

9 Digit routing number:

☐ **Checking**	☐ **Savings**
Fixed Amount: $	Fixed Amount: $
% of Net Check: %	% of Net Check: %
Remainder: ☐	Remainder: ☐

Bank name:

Account number:

9 Digit routing number:

☐ **Checking**	☐ **Savings**
Fixed Amount: $	Fixed Amount: $
% of Net Check: %	% of Net Check: %
Remainder: ☐	Remainder: ☐

Bank name:

Account number:

9 Digit routing number:

☐ **Checking**	☐ **Savings**
Fixed Amount: $	Fixed Amount: $
% of Net Check: %	% of Net Check: %
Remainder: ☐	Remainder: ☐

Bank name:

Account number:

9 Digit routing number:

☐ **Checking**	☐ **Savings**
Fixed Amount: $	Fixed Amount: $
% of Net Check: %	% of Net Check: %
Remainder: ☐	Remainder: ☐

I acknowledge authorization to initiate credits *(deposits of any amounts owed to me)* **and debits** *(withdrawal of any erroneously deposited funds)* **from all accounts sent in by my company.**

Employee Signature: _____   **Date:** _____

Attach voided check(s) for account verification

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