

Direct Deposit Authorization Form

1. Employer Information		
Company Name	Company Number	
2. Employee Information		
Last Name	First Name	MI
Employee Identification Number		
3. Bank Information*		
Bank Name	Account Type	
	☐ Checking ☐ Savings	
Routing/Transit Number. These are the nine digits to the left of your account number on the botton	n of your check	
Account Number		
Amount to be deposited (Select either percentage or dollar amount.)		
Percentage. Please specify: %	☐ Dollar amount. Please specify: \$	
4. Additional Bank Information*		
Bank Name	Account Type	
	☐ Checking ☐ Savings	
Routing/Transit Number. These are the nine digits to the left of your account number on the bottom	n of your check	
Account Number		
Amount to be deposited (Select either percentage or dollar amount.)		
Percentage. Please specify: %	☐ Dollar amount. Please specify: \$	
5. Authorization Agreement For Direct Deposit		
*Please note, it can take up to 10 business days to process your direct deposit requ	est and for you to begin receiving direct deposits.	
I authorize my employer to make deposits to my account. In the unlikely event o		nts to correct the error
Signature	Date	
I		

*One of the following documents must be submitted with this form and your name must be on the account or you must provide proof that you are a signer on the account.

- Copy of a voided check (cannot be a starter check or a counter check). Deposit slips are not accepted.
- Bank specification form
- Bank letter on bank's letterhead signed by a bank representative (e-signature is not allowed)
- Bank account statement dated within the last 30 days
- Pay Card form printed from the vendor's site AND a copy of state or federally issued identification (drive's license, passport, ID card)