

Direct Deposit Authorization

| | |
|---|---------------|
| Employee Name: | Company Name: |
| Effective Pay Date of Changes (If uncertain list today and changes will be applied to the first available payroll): | |

I authorize my employer and the financial institution(s) listed below to deposit my pay automatically to the indicated account(s) and to make adjusting entries as may be required.

| Financial Institution Name | Account Type | Routing Number | Account Number | Deposit Amount |
|----------------------------|--|----------------|----------------|---|
| | Ckg <input type="checkbox"/> Sav <input type="checkbox"/> | | | Entire Net Pay <input type="checkbox"/> \$ ____ Amount <input type="checkbox"/> ____% of Net Pay <input type="checkbox"/> |
| | Ckg <input type="checkbox"/> Sav <input type="checkbox"/> | | | Entire Net Pay <input type="checkbox"/> \$ ____ Amount <input type="checkbox"/> ____% of Net Pay <input type="checkbox"/> |
| | Ckg <input type="checkbox"/> Sav <input type="checkbox"/> | | | Entire Net Pay <input type="checkbox"/> \$ ____ Amount <input type="checkbox"/> ____% of Net Pay <input type="checkbox"/> |

Please Check One:

| | | | |
|--------------------------|--|------------------------|------------------------|
| <input type="checkbox"/> | New or Additional Direct Deposit | | |
| <input type="checkbox"/> | Change the Routing or Account Number on an Existing Direct Deposit | | Number to be replaced: |
| <input type="checkbox"/> | Change the Amount or Percent of an Existing Direct Deposit | Amount or Percent was: | Changed to: |
| | Additional Comments or Notes: | | |

**PROVIDE A VOIDED CHECK OR LETTER TO VERIFY THE DIRECT DEPOSIT ACCOUNT
(DO NOT USE A DEPOSIT SLIP – ROUTING NUMBERS ARE INCORRECT)**

It is my responsibility to verify deposits on a per pay period basis before writing checks against these funds. This Authorization can take up to three pay periods to activate. I understand that neither my employer nor *Paystubz* is responsible for bank errors or fees. I may cancel this Direct Deposit(s) at any time with written notice submitted to my employer. Also, I grant my employer the right to reverse direct deposits made in error (debit entries).

Signature: _____

Date: _____