Direct Deposit Authorization Form

I authorize _____, (the "Company"), to deposit my net pay automatically to the account(s) indicated below. If any deposit is made in error, I authorize the Company to initiate a correction (reversal) entry to my account as permitted by Nacha regulations.

This authorization will remain in effect until I submit written notice of cancellation, and the Company has had reasonable opportunity to act on it.

Primary Account

Name on bank account: _____

Bank Account Type: Checking

Bank account number: _____

Bank routing number: _____

Amount to Deposit (or check box below): $_____

☐ Deposit entire paycheck into this account

Secondary Account (if applicable)

Name on bank account: _____

Bank Account Type: Savings

Bank account number: _____

Bank routing number: _____

☐ Deposit remaining paycheck into this account

Important: Please attach a voided check or ach/direct deposit advice for each bank account to which funds should be deposited.

By typing my name below, I consent to the use of this electronic signature in lieu of a handwritten signature.

Employee/Contractor Signature: _____

Date: _____