

Employee Direct Deposit Authorization Form

**Instructions:**

**1) Payroll Manager**

- a. This form must be completed in its entirety and signed by the Employee.
- b. Please keep a copy on file at your business location and forward a copy to CheckWriters.

**2) Employee**

- a. Please fill out this form in its entirety and give to your employer.
- b. \*Attach a voided check or Bank issued spec sheet for each account listed –not a deposit slip.**
- c. Missing information will delay processing of your direct deposit.

**Important! Please read, sign and date below prior to submitting this authorization**

I hereby authorize CheckWriters, Company (my Employer) and Bank(s) listed on this form to initiate credit entries for money owed me to the accounts listed below. Further, I agree to indemnify and hold each participating Bank and CheckWriters harmless from any claim related to the operation of this plan arising from any act or omission of my Employer or CheckWriters. In the event that my Employer or CheckWriters deposits funds erroneously into my account, I authorize CheckWriters to make adjusting entries as may be required for an amount not to exceed the original amount of the erroneous credit.

Company Name: \_\_\_\_\_

Employee Name (Please print): \_\_\_\_\_

Last Four of Social Security #: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Employee Signature: \_\_\_\_\_

**Account (1) Information**

Bank Name: \_\_\_\_\_ Bank State: \_\_\_\_\_

Bank Routing # \_\_\_\_\_ Your Account Number: \_\_\_\_\_

**Choose Account Type:**     Checking account             Savings Account             Voided check attached\*

**Enter Amount to Deposit:**    \$ \_\_\_\_\_ . \_\_\_\_\_    or    % \_\_\_\_\_    or     Entire Net Amount

**Account (2) Information**

Bank Name: \_\_\_\_\_ Bank State: \_\_\_\_\_

Bank Routing # \_\_\_\_\_ Your Account Number: \_\_\_\_\_

**Choose Account Type:**     Checking account             Savings Account             Voided Check Attached\*

**Enter Amount to Deposit:**    \$ \_\_\_\_\_ . \_\_\_\_\_    or    % \_\_\_\_\_    or     Entire Net Amount

**Account (3) Information**

Bank Name: \_\_\_\_\_ Bank State: \_\_\_\_\_

Bank Routing # \_\_\_\_\_ Your Account Number: \_\_\_\_\_

**Choose Account Type:**     Checking account             Savings Account             Voided Check Attached\*

**Enter Amount to Deposit:**    \$ \_\_\_\_\_ . \_\_\_\_\_    or    % \_\_\_\_\_    or     Entire Net Amount