

Employee Direct Deposit Authorization

Employee Name: _____ **Employee Birthdate:** _____

Account 1

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Name	_____
Bank Routing #	_____
Account Number	_____
%/ \$ of Deposit	_____

Routing Number Account Number

2222222222 000 111 555* 102?

Account 2

<input type="checkbox"/> Checking	<input type="checkbox"/> Savings
Bank Name	_____
Bank Routing #	_____
Account Number	_____
%/ \$ of Deposit	_____

Routing Number Account Number

2222222222 000 111 555* 102?

This authorizes _____ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated above and to other accounts I (we) identify in the future (the "account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

SIGNATURE _____

DATE _____

Attach a Voided Check Here
(recommended, but not required)