Company Name _____

Store # _____

Address _____

Direct Deposit Authorization

Use this form to collect employee authorization for payroll direct deposit. Keep completed payroll forms in a secure employee file.

Employee Name _____ **Position** _____ **Date** _____

Payroll Authorization

I authorize the company and its payroll provider to deposit my wages into the account listed below. I understand this authorization will remain in effect until I submit an updated written authorization or revocation.

Bank Name

_____

Routing Number

_____

Account Number

_____

Account Type - Checking or Savings

_____

Deposit Amount or Percent, if split deposits are used

_____

Employee Confirmation

- ☐ I have attached a voided check, bank letter, or payroll-provider approved account verification if requested.
- ☐ I understand incorrect banking information may delay payroll deposit.
- ☐ I authorize correction entries if a payroll deposit is made in error, as permitted by law and payroll-provider rules.

Employee Name _____

Employee Signature _____

Date _____