PAYROLL DIRECT DEPOSIT
EMPLOYEE AUTHORIZATION FORM

******PLEASE WRITE LEGIBLY******

EmployER Name:_____ EmployeER Client #:_____

Employee Name:_____

Employee **E-mail** address for voucher:_____@_____

**We MUST have a copy of a voided check or a bank provided ACH form in order to process your request. PLEASE ATTACH VOIDED CHECK HERE:

Account Type (mark one): ◯ **Checking** ◯ **Savings**

Deposit Amount (mark one): ◯ **Entire Check** ◯ **Percentage of Net ____%** ◯ **Flat Amount per Check $_____**

I authorize my employer and the financial institution named above to remit my paycheck via ACH. This also includes my authorization for my employer to reverse any entries that were made in error. This authorization will remain in effect until company receives written notice from me.

X Employee Signature:_____ Effective Date:_____