

AUTHORIZATION FOR DIRECT DEPOSIT

REMINDERS

- ALL EMPLOYEE FIELDS ARE REQUIRED
- If you are having funds deposited into a checking account, attach a **VOIDED BLANK CHECK** for the account.
- This form must be signed and dated by the employee to be valid. If not, the direct deposit will be not be processed.

Employee Name: _____ SSN: --

Employee Phone: _____ Employee Email: _____

Company: _____

ACCOUNT #1

Account Type: Checking Savings

Name of Financial Institution: _____

Routing Number: Account Number: _____

% of Net Pay _____ \$ of Net Pay _____ Remainder of Net Pay

ACCOUNT #2

Account Type: Checking Savings

Name of Financial Institution: _____

Routing Number: Account Number: _____

% of Net Pay _____ \$ of Net Pay _____ Remainder of Net Pay

ACCOUNT #3

Account Type: Checking Savings

Name of Financial Institution: _____

Routing Number: Account Number: _____

% of Net Pay _____ \$ of Net Pay _____ Remainder of Net Pay

I hereby authorize the Company named above, via their payroll service provider (Integrated Payroll Services, Inc.) and the financial institution(s) named above to deposit my pay automatically to the specified accounts. Adjusting entries to correct errors are also authorized. Please continue this authorization until I cancel it in writing.

Employee Signature

Date