



Authorization for Direct Deposit - Employee Form

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 below 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.

Note: Enter your company name in the blank space above.

EMPLOYEE NAME	
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Account #1

Type (check one)	Checking		Savings	
Employee Bank Name				
Bank Routing # (ABA#)				
Account #				
Percentage or Dollar Amount to be Deposited to This Account				

Account #2 (remainder to be deposited to this account)

Type (check one)	Checking		Savings	
Employee Bank Name				
Bank Routing # (ABA#)				
Account #				
Percentage or Dollar Amount to be Deposited to This Account				

Please attach a voided check for each account here

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

Printed Name

E-mail Address

IMPORTANT: This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Employee: Please fill out and return to your employer.

Employer: Please save for your files only.