DIRECT DEPOSIT AUTHORIZATION

Request: [ ] New direct deposit [ ] Change to direct deposit [ ] Stop direct deposit

Effective date (or stop deposits as of): _____ Replaces deposits to (change only): _____

1. EMPLOYER OR PAYER

Name: _____

Attention: _____

2. EMPLOYEE OR PAYEE

Name: _____

Address: _____

Phone: _____ Email: _____

Employee, vendor or reference ID: _____

3. DEPOSIT ACCOUNTS

Account 1. Bank or credit union: _____ Account type: [ ] Checking [ ] Savings

Routing number (9 digits): _____ Account number: _____

Amount: [ ] 100% of net pay or of each payment [ ] The rest after Account 2

Account 2 (optional). Bank or credit union: _____ Account type: [ ] Checking [ ] Savings

Routing number (9 digits): _____ Account number: _____

Amount: [ ] $_____ of net pay each pay period or of each payment [ ] _____% of net pay or of each payment

4. PROOF OF ACCOUNT

[ ] A voided check for each account listed above is attached. [ ] A letter or direct deposit form from the bank confirming each account listed above is attached.

Attach the voided check here.

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5. AUTHORIZATION

The payee authorizes the payer to deposit the payee's net pay or each payment it owes the payee by electronic credit entries (direct deposit) to the account or accounts listed above, in the amounts shown, and authorizes each bank or credit union named above to accept those entries.

Corrections: [ ] The payee also authorizes the payer to make a debit entry to an account listed above only to correct a deposit made to it in error, in an amount no greater than the amount deposited in error and only as the law allows. [ ] This authorization covers deposits only and does not authorize any debit entry.

Accounts: The payee confirms that the payee owns each account listed above or is authorized to have these deposits made to it, and will tell the payer in writing before closing or changing any of them.

Effective date and duration: This authorization takes effect on the effective date above or once the payer has had a reasonable time to set it up, whichever is later. Until then, the payer may pay the payee by its usual method. It stays in effect until the payer receives written notice from the payee to change or cancel it and has had a reasonable time to act on that notice. A change replaces all earlier direct deposit instructions.

Cancellation (stop requests only): The payee asks the payer to stop all direct deposits to the account at _____ and cancels every earlier direct deposit authorization. From then on, the payee asks to be paid by _____.

SIGNATURES

Employee or Payee (signature, printed name, date)

Signature: _____ Date: _____

Printed Name: _____

FOR PAYER USE ONLY

Received by: _____ Date received: _____ Entered by: _____ Date entered: _____

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