

# DIRECT DEPOSIT FORM

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## I. RECIPIENT INFORMATION

Recipient Name: \_\_\_\_\_

Employee ID / Account Number: \_\_\_\_\_

Social Security Number (SSN) / Tax ID: \_\_\_\_\_

Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

## II. FINANCIAL INSTITUTION INFORMATION

Bank Name: \_\_\_\_\_

Bank Address: \_\_\_\_\_

City, State ZIP: \_\_\_\_\_

## III. ACCOUNT INFORMATION

Account Type:

Checking

Savings

Bank Routing Number (ABA): \_\_\_\_\_

Bank Account Number: \_\_\_\_\_

## IV. DEPOSIT INSTRUCTIONS

Please select one option for deposit:

Deposit Full Net Pay

Deposit a Fixed Amount: \$ \_\_\_\_\_ (per payment)

Deposit Remaining Balance (after other deductions/fixed amounts): \$ \_\_\_\_\_

## V. AUTHORIZATION

I hereby authorize \_\_\_\_\_ (Payer Name) to initiate credit entries and/or, if necessary, debit entries and adjustments for any credit entries made in error, to my account indicated above at the financial institution named above. This authorization is to remain in full force and effect until \_\_\_\_\_ (Payer Name) has received written notification from me of its

termination in such time and in such manner as to afford \_\_\_\_\_ (Payer Name) and the Financial Institution a reasonable opportunity to act on it.

I understand that a voided check or bank statement may be required to verify account information.

**VI. REQUIRED ATTACHMENTS**

Please attach one of the following to this form:

Voided Check

Bank Statement (showing account holder name, routing, and account number)

**VII. RECIPIENT ACKNOWLEDGMENT AND SIGNATURE**

I certify that the information provided above is true and correct.

Recipient Name (Printed): \_\_\_\_\_

Recipient Signature: \_\_\_\_\_

Date: \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_