



## ELECTRONIC PAYROLL DEPOSIT AUTHORIZATION

Employee, please have your banker help you fill out and return to your employer:

I authorize you and the Bank listed below to deposit my pay automatically into my account each payday. If funds to which I am not entitled are deposited to my account, I authorize you to direct the Bank to return said funds. This authority will remain in effect until I have cancelled it in writing.

\_\_\_\_\_  
Date

Account Type: Checking  Saving

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

\_\_\_\_\_  
Branch

\_\_\_\_\_  
City, State

\_\_\_\_\_  
Transit Routing Number

\_\_\_\_\_  
Account Number

\_\_\_\_\_  
Transit ABA

Amount to be deposited each pay: \$ \_\_\_\_\_

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Employee Print Name

\*Prepare a form for each Bank account that will be deposit\*