HORIZON PAYROLL SOLUTIONS

Employee Direct Deposit Authorization Form

Company Name: _____ Date: _____

Account One

Bank Name	☐ **Savings** ☐ **Checking**
Bank Address	
Bank City, State, Zip	
Routing Transit #	Amount for this Account **Remaining**
Account #	

Account Two

Bank Name	☐ **Savings** ☐ **Checking**
Bank Address	
Bank City, State, Zip	Amount can be $ or %
Routing Transit #	Amount for this Account
Account #	

Account Three

Bank Name	☐ **Savings** ☐ **Checking**
Bank Address	
Bank City, State, Zip	Amount can be $ or %
Routing Transit #	Amount for this Account
Account #	

Account Four

Bank Name	☐ **Savings** ☐ **Checking**
Bank Address	
Bank City, State, Zip	Amount can be $ or %
Routing Transit #	Amount for this Account
Account #	

Account Five

Bank Name	☐ **Savings** ☐ **Checking**
Bank Address	
Bank City, State, Zip	Amount can be $ or %
Routing Transit #	Amount for this Account
Account #	

I authorize my employer _____, and its agents, including Financial Institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts listed above. This authorization will remain in effect until I have informed my employer in writing that I wish to cancel it, and my employer has had a reasonable time to effect such cancellation.

Employee Signature **Employee Name Print** **Date**