

# Employee Direct Deposit Authorization Form

**Photocopy this form and distribute a copy to each employee participating in Direct Deposit.**

**ACCOUNT ONE**

Bank Name
Bank Address
Bank City, State, Zip
Routing/Transit No.
Account No.

This is a:

Savings Account      Staple Voided Check Here

Checking Account

Amount for this Account:      Label it

**REMAINDER**      **"Account One"**

**ACCOUNT TWO**

Bank Name
Bank Address
Bank City, State, Zip
Routing/Transit No.
Account No.

This is a:

Savings Account      Staple Voided Check Here

Checking Account

Amount for this Account:      Label it

\$ \_\_\_\_\_ OR \_\_\_\_\_%      **"Account Two"**

**ACCOUNT THREE**

Bank Name
Bank Address
Bank City, State, Zip
Routing/Transit No.
Account No.

This is a:

Savings Account      Staple Voided Check Here

Checking Account

Amount for this Account:      Label it

\$ \_\_\_\_\_ OR \_\_\_\_\_%      **"Account Three"**

**ACCOUNT FOUR**

Bank Name
Bank Address
Bank City, State, Zip
Routing/Transit No.
Account No.

This is a:

Savings Account      Staple Voided Check Here

Checking Account

Amount for this Account:      Label it

\$ \_\_\_\_\_ OR \_\_\_\_\_%      **"Account Four"**

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 reasonable time to effect such cancellation.

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

\_\_\_\_\_  
Date

**EMAIL NOT REQUIRED**

\_\_\_\_\_  
Employee Email Address for Email Paystubs

\_\_\_\_\_  
Employee Name (printed)

**Please return form to employer for submission to RABCO Payroll**