



Direct Deposit | Employee Authorization

Company Name:	Department Name (if applicable):
Employee Name:	Employee Number:

I authorize you and the financial institution(s) listed below to deposit my pay automatically to the indicated account(s) and to make adjusting entries as may be required.

Bank/Credit Union	State	Type Circle One	Amount Percentage Circle One	Account Number/Routing Number
		Ckg Sav		
		Ckg Sav		
		Ckg Sav		

Please Check One:

	New or Additional Direct Deposit		
	Change the Bank or Account Number on an Existing Direct Deposit	Account Number to be replaced:	
	Change the Amount of an Existing Direct Deposit	Amount was:	Amount changed to:
	Other, Please Explain:		

PLEASE ATTACH A VOIDED CHECK FOR THE DIRECT DEPOSIT BANK ACCOUNT AS VERIFICATION FOR EACH REQUEST (a deposit slip will not work)

It is my responsibility to verify deposits on a per pay period basis before writing checks against these funds. This Authorization can take up to three pay periods to activate. I understand that neither my employer or *Paystubz* is responsible for bank errors or fees. I may cancel this Direct Deposit(s) at any time with written notice submitted to my employer.

Signature:

Date:

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 Rapid City, South Dakota 57701
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