



## Direct Deposit Authorization Form:

On this day I have been notified of my options of payment methods. I give consent to the above listed employer to pay my wages through Direct Deposit to a financial institution that I have selected.

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

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

Routing Transit #: \_\_\_\_\_

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

Checking       Savings

I hereby authorize my employer to make periodic payments in the amount(s) specified above to my account(s) at the financial institution(s) (hereinafter "Bank") indicated on this form. This authority will remain in force until I have given written notice that I have terminated it or until my employer has notified me that this deposit service has been terminated. In the event that my employer notifies the bank that funds to which I am not entitled have been deposited to my account in error, I authorize and direct the bank to return said funds to my employer as soon as possible. If the funds erroneously deposited to my account have been drawn from that account so that return of those funds by the bank to my employer is not possible, I authorize my employer to recover those funds by setting off the amount erroneously paid me from any future payments from my employer until the amount of the erroneous deposit has been recovered in full.

Print Employee Name:

\_\_\_\_\_

Employee Signature:

\_\_\_\_\_

Date:

\_\_\_\_\_