**Direct Deposit Form**

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| **Direct Deposit Disclaimer:**  If you are eligible for and choose to enroll in Direct Deposit we recommend that you verify with your bank or financial institution when your funds would be posted to your account and made available to you. Each bank and financial institution has its own process for funds availability. |

**Employee Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Bank Transit No**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Account No**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amount**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Savings**  **Checking**

**Employee Name**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**Bank Transit No**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Account No**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Amount**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Savings**  **Checking**

I hereby authorize and request \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, (company name here) to make payment of any amount owing to me for payroll by initiating credit entries to my account(s) indicated in the bank(s) named above. In addition, I also authorize and request to initiate debit entries to my account(s) indicated above in the bank(s) named above in the following circumstances and under the following conditions:

1. The debit entry is initiated for the purpose of correcting an erroneous credit previously initiated to my account.
2. The correcting entry is transmitted in such time as to be delivered or made available to the bank by midnight of the fifth day following the settlement of the erroneous entry.
3. Prior to the time the correcting entry is initiated, I will have been made aware of such correction and the reason therefore.

I authorize and request bank to accept any credit or correcting debit entries initiated to such account and to credit or debit the same to such account without responsibility for the correctness thereof:

**Employee Signature**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date**: \_\_\_\_\_\_\_\_\_\_\_\_\_