



Employee Direct Deposit Authorization Form

Instructions:

1) Payroll Manager

- a. This form must be completed in its entirety and signed by the employee.
- b. Please retain a copy for your records and also forward a copy to Checkwriters.

2) Employee

- a. Please fill out this form in its entirety and give to your employer.
- b. **Attach a voided check or Bank issued spec. sheet for each account listed (not a deposit slip).*
- c. Missing information will delay processing of your direct deposit.

Important! Please read, sign and date below prior to submitting this authorization

I hereby authorize Checkwriters, Company (my employer), and Bank(s) listed on this form to initiate credit entries for money owed me to the accounts listed below. Further, I agree to indemnify and hold each participating bank and Checkwriters harmless from any claim related to the operation of this plan arising from any act or omission of my employer or Checkwriters. In the event that my employer or Checkwriters deposits funds erroneously into my account, I authorize Checkwriters to make adjusting entries as may be required for an amount not to exceed the original amount of the erroneous credit.

Company name: _____ Employee name: _____

Last four SSN: _____ Signature: _____ Date: _____

Account (1) information

Bank name: _____ Bank state: _____

Bank routing #: _____ Your account #: _____

Choose Account Type: Checking account Savings account Voided check attached*

Deposit amount: \$ _____ or % _____ or Net Amount

Account (2) information

Bank name: _____ Bank state: _____

Bank routing #: _____ Your account #: _____

Choose Account Type: Checking account Savings account Voided check attached*

Deposit amount: \$ _____ or % _____ or Net Amount

Account (3) information

Bank name: _____ Bank state: _____

Bank routing #: _____ Your account #: _____

Choose Account Type: Checking account Savings account Voided check attached*

Deposit amount: \$ _____ or % _____ or Net Amount