EMPLOYEE DIRECT DEPOSIT AUTHORIZATION FORM

COMPANY NAME: _____

EMPLOYEE NAME: _____

Account 1

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

☐ **Savings**

☐ **Checking**

Choose one option per account:

_____ **Dollar Amt.**

_____ **% of Pay**

_____ **Remainder**

Staple Voided Check or Deposit Slip Here

Label Check or Slip

Account 1

Account 2

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

☐ **Savings**

☐ **Checking**

Choose one option per account:

_____ **Dollar Amt.**

_____ **% of Pay**

_____ **Remainder**

Staple Voided Check or Deposit Slip Here

Label Check or Slip

Account 2

Account 3

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

☐ **Savings**

☐ **Checking**

Choose one option per account:

_____ **Dollar Amt.**

_____ **% of Pay**

_____ **Remainder**

Staple Voided Check or Deposit Slip Here

Label Check or Slip

Account 3

I authorize Digit Payroll Corporation 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 cancelled it in writing.

_____ _____

Employee Signature **Date**