

Direct Deposit Authorization

This form authorizes the Employer identified below to deposit the Employee's net pay directly into the bank account(s) specified here, replacing any paper check, until changed or revoked in writing.

Employee Name *

Employee ID (if applicable)

Employer Name *

Account 1

Bank Name

Routing Number *

Account Number *

Account Type

☐

Checking

☐

Savings

Deposit

Amount or Percentage (if not entire net pay)

Account 2 (optional — for split deposits)

Bank Name

Routing Number

Account Number

Account Type

☐

Checking

☐

Savings

Remainder / Amount / Percentage

I authorize my Employer to deposit my pay as indicated above and to make adjustments for any deposits made in error. I understand I must notify my Employer in writing to change or cancel this authorization, and that changes may take one or more pay cycles to take effect. I certify the account information above is accurate.

☐

A voided check or bank-provided account verification letter is attached for each account listed

Employee Signature (type full name) *

Date *

Template provided for general reference only and does not constitute legal advice. Laws vary by jurisdiction — have a qualified professional review this document before you sign or rely on it. This form collects sensitive banking details — route completed copies only through secure channels, store them access-controlled, and never email the completed PDF unencrypted.