

Direct Deposit Authorization



723 Coliseum Drive
Suite 200
Winston-Salem, NC 27106
(336) 773-0128 phone
(800) 457-2143 phone
(336) 773-1055 fax

Company Name: _____

Customer Service Representative: _____

Company ID: _____

- Begin Deposit Change Information Cancel

I hereby authorize my employer, _____, (hereinafter COMPANY) to deposit any amounts owed me by initiating credit entries to my account at the financial institution (herein BANK) indicated below. Further, I authorize BANK to accept and to credit any credit entries indicated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.

Employee Information

| |
|---|
| Employee Name _____ Social Security # _____ |
|---|

Bank Information

| |
|---|
| Bank Name _____ ABA Routing Number _____ |
| Account Number _____ Name On Account _____ |
| Deposit Setup |
| Checking, I wish to deposit (choose one) \$_____, _____% |
| ALL Remaining |
| Savings, I wish to deposit (choose one) \$_____, _____% or All Remaining |

Please include a voided check or facsimile of a check for each account the employee wishes to have their paycheck direct deposited to. Please include breakdown of the split if multiple accounts are used.

This authorization is to remain in full force and in effect until the COMPANY and BANK have received written notice from me of it's termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Employee Signature _____ Date _____