

# AUTHORIZATION FOR DIRECT DEPOSIT

## REMINDERS

- Provide all information requested completely as possible for all accounts new and old.
- If you are having funds deposited into a checking account, attach a VOIDED BLANK CHECK for the account.
- This form must be signed and dated by the employee to be valid. If not, the direct deposit will be not be processed.

Employee Name: \_\_\_\_\_ SSN:    -   -

Company: \_\_\_\_\_

### ACCOUNT #1

Account Type:  Checking  Savings

Name of Financial Institution: \_\_\_\_\_

Routing Number:           Account Number: \_\_\_\_\_

Entire Net Pay  % of Net Pay \_\_\_\_\_  \$ of Net Pay \_\_\_\_\_

### ACCOUNT #2

Account Type:  Checking  Savings

Name of Financial Institution: \_\_\_\_\_

Routing Number:           Account Number: \_\_\_\_\_

% of Net Pay \_\_\_\_\_  \$ of Net Pay \_\_\_\_\_  Remainder of Net Pay

### ACCOUNT #3

Account Type:  Checking  Savings

Name of Financial Institution: \_\_\_\_\_

Routing Number:           Account Number: \_\_\_\_\_

% of Net Pay \_\_\_\_\_  \$ of Net Pay \_\_\_\_\_  Remainder of Net Pay

### ACCOUNT #4

Account Type:  Checking  Savings

Name of Financial Institution: \_\_\_\_\_

Routing Number:           Account Number: \_\_\_\_\_

% of Net Pay \_\_\_\_\_  \$ of Net Pay \_\_\_\_\_  Remainder of Net Pay

I hereby authorize the Company named above, via their payroll service provider (Access1Source-NC,LLC) and the financial institution(s) named above to deposit my pay automatically to the specified accounts. Adjusting entries to correct errors are also authorized. Please continue this authorization until I cancel it in writing.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

revised 07/08