



Payroll Direct Deposit Authorization Form

Please print and complete ALL the information below.

Employee # _____

Name: _____ Phone #: _____

Address: _____ Last 4 of SSN: XXX - XX - _____

Name of Bank: _____

9-Digit Routing # _____ Type of Account: ☐ Checking or ☐ Savings

Account #: _____ Amount Deposited: ☐ \$ _____ or ☐ Entire Paycheck

☐ Changing bank account? Is previous account closed ☐ or open ☐?

PLEASE ATTACH A VOIDED CHECK FOR EACH BANK ACCOUNT

Diagram illustrating the structure of a check number and routing information:

- YOUR NAME**
678 Main Street
Anywhere, MI 12345
- DATE** _____
- PAY TO THE ORDER OF** _____
- \$** _____
- _____ **DOLLARS**
- Routing Number**: 123456789
- Account Number**: 123456789
- Check Number**: 123

I authorize you and the financial institution listed above to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in my error.

Employee Signature: _____ Date: _____

*Comments: _____