

Direct Deposit Authorization



711 Coliseum Plaza Ct
Winston-Salem, NC 27106
Phone: (336) 773-0128
Fax: (336) 773-1055

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 # _____
Phone Number _____ Email _____

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 _____