

Direct Deposit Authorization Form

AcuPayroll

I hereby authorize _____, hereinafter called COMPANY, to initiate credit entries and to initiate, if necessary, debit adjustments for any credit entries in error to my account(s) indicated below and the depository named below, hereinafter called DEPOSITORY, to credit and/or debit the same to such account(s).

Please indicate one of the following:

Add

Remove

Change

Name of Bank _____

Type of Account

Checking

Savings

Routing Number

Bank Account Number

Amount (\$ or %)

Attach Voided Check Here

Please indicate one of the following:

Add

Remove

Change

Name of Bank _____

Type of Account

Checking

Savings

Routing Number

Bank Account Number

Amount (\$ or %)

Attach Voided Check Here

This authority is to remain in full force and effect until COMPANY has received written notification from me of its termination in such manner as to afford COMPANY and DEPOSITORY a reasonable opportunity to act on it. Termination of employment also voids this agreement.

Name _____ Date _____

Employee Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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Signature _____ Company _____