

For X-Act Use Only

Dept #: \_\_\_\_\_  
Emp #: \_\_\_\_\_  
Ded #: \_\_\_\_\_

Sent: \_\_\_\_\_  
Effect: \_\_\_\_\_

## Employee AUTHORIZATION AGREEMENT FOR PAYROLL DIRECT DEPOSIT

Company Name \_\_\_\_\_ Federal ID No. \_\_\_\_\_

I hereby authorize the company named above to initiate ACH credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error to the account and depository named below.

(Please select) **NEW ACCOUNT:** \_\_\_\_\_ or **BANK CHANGE:** \_\_\_\_\_

(BANK NAME)

DEPOSITORY NAME \_\_\_\_\_ BRANCH \_\_\_\_\_

CITY \_\_\_\_\_ STATE \_\_\_\_\_ PHONE \_\_\_\_\_

TRANSIT/ABA NO. \_\_\_\_\_ ACCOUNT NO. \_\_\_\_\_

CHECKING Account \_\_\_\_\_

or

SAVINGS Account \_\_\_\_\_ (amount of \$ \_\_\_\_\_)

This authority is to remain in full force and effect until the Company has received written notification from me of its termination in such time and manner as to afford the Company and Depository a reasonable opportunity to act on it.

NAME (**print**) \_\_\_\_\_

SOCIAL SECURITY NO. \_\_\_\_\_

SIGNATURE \_\_\_\_\_ Date \_\_\_\_\_

If **CHECKING ACCOUNT:** Attach voided SAMPLE CHECK (**NOT** deposit slip)  
HERE

If **SAVINGS ACCOUNT:** Verify with your bank that your information above is  
acceptable for Direct Deposit ACH transactions