



Employee Direct Deposit Authorization

PAYROLL

Employee _____ Client _____ Client # _____

Check One: NEW Direct Deposit CHANGE existing Direct Deposit

Account Information and Authorization

INCOMPLETE REQUESTS WILL NOT BE PROCESSED

Account 1

Account Type: Checking Account or Savings Account

Bank Routing Number (9 digit) Bank Name _____

Account Number

Percentage of pay or dollar amount to be deposited to this account _____

Account 2 – Remainder to be deposited to this account

Account Type: Checking Account or Savings Account

Bank Routing Number (9 digit) Bank Name _____

Account Number

Attach here a voided check **or** a Direct Deposit Authorization form from your bank/institution for **each** account listed above.

Your direct deposit request will **NOT** be processed without this documentation.

I authorize Automated Business Controls (ABC), acting on behalf of my employer, to initiate credit entries to the financial institutions and/or banks listed above. Further, I authorize ABC to debit the above listed accounts for any erroneous deposits made to these accounts for an amount not to exceed the original credits. This authorization is to remain in full force and effect until ABC has received written notice from me to cancel the agreement.

Employee Signature _____ Date _____

** Note: If any account is a joint account or in someone else's name, that individual must also agree to the terms above by signing below.**

Non-Employee Account Owner Signature _____ Date _____

For abc Payroll use

Entered by _____ Date _____

Verified by _____ Date _____

Scanned by _____ Date _____