



# Employee Direct Deposit Authorization

Employee \_\_\_\_\_ Employer \_\_\_\_\_

Check One:  NEW Direct Deposit  CHANGE existing Direct Deposit

## Account Information

### 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.

## Authorization/Signature

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 \_\_\_\_\_