



Employee Direct Deposit Authorization

Employee ID _____ Name _____ 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 **BANKING SPECIFICATION FORM** directly from your bank/institution for **EACH** account listed above.

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

HANDWRITTEN DOCUMENTATION IS NOT ACCEPTED

****Direct deposit funds are NOT guaranteed until 5pm on pay day****

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. **I understand that my direct deposit funds are not guaranteed into my bank account(s) until 5pm on pay day.**

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 by signing below****

Non-Employee Account Owner Signature _____ Date _____

For abc Payroll use

Entered by _____ Date _____

Verified by _____ Date _____