

EMPLOYER DIRECT DEPOSIT AUTHORIZATION

Please complete all the information below to arrange for direct deposit and return the completed form to your Payroll Department.

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

Employee Name: _____

SSN: _____

Financial Institution: **Your Best Credit Union** Phone: 615-872-6380

Account #: _____

9-Digit Routing #: **264081124**

Amount: \$ _____ _____ % or Entire Paycheck

Type of Account: Checking Savings (Circle One)

The 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 in such manner as to afford the company and depository a reasonable opportunity to act on it.

Employee Signature: _____

Date: _____

****NOTIFY PAYROLL IMMEDIATELY IF YOU CLOSE OR CHANGE YOUR ACCOUNT****

An employer may require a void check or deposit slip for additional information as illustrated below:

