PAYROLL DIRECT DEPOSIT EMPLOYEE AUTHORIZATION FORM

*****PLEASE WRITE <u>LEGIBLY</u>******

EmployER Name:		Em	EmployeER Client #:	
Employee Name:				
Employee <u>E-mail</u> address for				
**We <u>MUST</u> have a copy of a your request. <u>PLEASE ATTA</u>			CH form in order to process	
	Checking	Savings		
Deposit Amount (mark one):	Entire Check	Percentage of Net	Flat Amount per Check	
I authorize my employer and t ACH. This also includes my a made in error. This authorizat from me.	uthorization fo	r my employer to reve	rse any entries that were	
X Employee Signature:			Effective Date:	