

Direct Deposit Authorization Form

Date: [Date]

To: [Company Name / Payroll Department]

Address: [Company Address]

I, [Full Name], hereby authorize [Company Name] to deposit my net pay directly into my bank account(s) as indicated below. This authorization will remain in effect until I provide written notification to terminate or change it.

Bank Account Information:

- Bank Name: [Bank Name]
- Account Type: [Checking / Savings]
- Routing Number: [9-Digit Routing Number]
- Account Number: [Account Number]
- Deposit Amount: [Full Net Pay / Specific Dollar Amount / Percentage]

I have attached a voided check or a direct deposit verification letter from my bank to confirm these details.

Sincerely,

[Employee Signature]

[Employee Printed Name]

[Employee ID Number, if applicable]

[Phone Number]