



DIRECT DEPOSIT EMPLOYEE AUTHORIZATION FORM

Company Name:

Employee Name:

Social Security Number:

I hereby authorize *Time & Payroll* and the financial institution(s) listed below to initiate credit entries or adjusting entries (either credit or debit, which are necessary for corrections) to the indicated account(s) below.

I understand that I will not write checks or otherwise debit my account before first making certain that sufficient funds are available, and that neither my employer nor *Time & Payroll* shall be liable for such overdrafts due to delay of funds posting.

Bank Name w/ Routing Number	Account Type	Amount	Account Number
	Chg / Sav		
	Chg / Sav		
	Chg / Sav		

This authority is to remain in full force and effect until company has received written notification from me (or either of us) of its termination in such time and in such manner as to afford a reasonable opportunity to act on it.

Please Check One:

<input type="radio"/>	New or Additional Direct Deposit:		
<input type="radio"/>	Change the Bank or Account Number:	Old Account Number:	
<input type="radio"/>	Change the Amount:	Old Amount:	New Amount:
<input type="radio"/>	Other. Please Explain:		

A VOIDED CHECK MUST BE ATTACHED TO THIS FORM FOR EACH ACCOUNT AS VERIFICATION.
DO NOT USE A DEPOSIT SLIP.

Signature

Date