Employee Direct Deposit Authorization Form

Do NOT send or fax to National Payment Corporation!

Photocopy this form and distribute a copy to each employee participating in Direct Deposit.

ACCOUNT ONE

Bank Name

Bank Address

Bank City, State, Zip

Routing/Transit No.

Account No.

This is a:

☐ Savings Account

☐ Checking Account

Amount for this Account:
REMAINDER

Staple Voided
Check Here

Label it
"Account One"

ACCOUNT TWO

Bank Name

Bank Address

Bank City, State, Zip

Routing/Transit No.

Account No.

This is a:

☐ Savings Account

☐ Checking Account

Amount for this Account:
$ _____ OR _____ %

Staple Voided
Check Here

Label it
"Account Two"

ACCOUNT THREE

Bank Name

Bank Address

Bank City, State, Zip

Routing/Transit No.

Account No.

This is a:

☐ Savings Account

☐ Checking Account

Amount for this Account:
$ _____ OR _____ %

Staple Voided
Check Here

Label it
"Account Three"

ACCOUNT FOUR

Bank Name

Bank Address

Bank City, State, Zip

Routing/Transit No.

Account No.

This is a:

☐ Savings Account

☐ Checking Account

Amount for this Account:
$ _____ OR _____ %

Staple Voided
Check Here

Label it
"Account Four"

I authorize my employer, _____ , and its Agents, including Financial Institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts listed above. This authorization will remain in effect until I have informed my employer in writing that I wish to cancel it and my employer has had reasonable time to effect such cancellation.

_____
Employee Signature

_____
Date

To be retained by Employer. Keep in your Employee files.