# Employee Direct Deposit Banking Authorization Form
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Are you interested in Direct Deposit? _____

## Company Information

Company Name: _____ Date: _____

## Employee Information Authorization

**Important!** Please read and sign before completing and submitting.

I hereby voluntarily authorize the Company named above (hereafter "Employer"), either directly or through its payroll service provider, to deposit any amounts owed me, by initiating credit entries to my account (s) at the financial institution (s) of my choice (hereinafter "Bank") indicated on this form. Further, I authorize Bank to accept and to credit any credit entries indicated by Employer, either directly or through its payroll service provider, to my account. To the extent permitted by law, in the event that Employer or its payroll service provider deposits funds erroneously into my account (s), I authorize Employer, either directly or through its payroll service provider, to debit my account for an amount not to exceed the original amount of the erroneous credit.

To the extent permitted by law, I understand that I have the right to refuse consent or revoke authorization of direct deposit at any time without fear of retaliation, and I have the right to receive any payment owed to me by other means. This authorization is to remain in full force and effect until Employer and Bank have received written notice from me of its termination in such time and manner as to afford Employer and Bank reasonable opportunity to act on it.

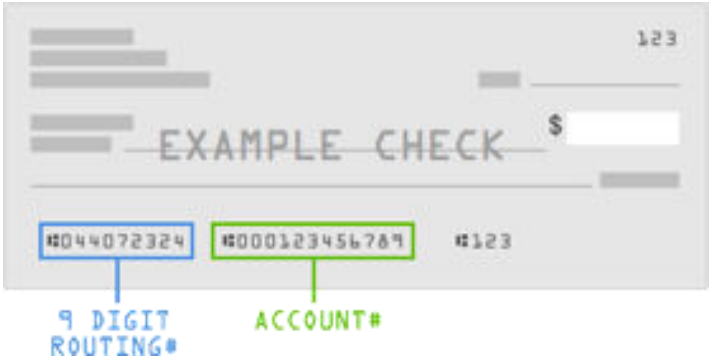
Legal Name: _____
(Last Name, First Name, Middle Initial)

Signature:_____ Date: _____

## Deposit/Account Information

For a checking account, attach a voided check, not a deposit slip. If you don't have a check, ask your bank to give you the Routing Number (the nine-digit American Bankers Association (ABA) number that identifies both the Company's bank and the Federal Reserve Bank) for your account.

**Note**: If you have a paycard, set it up as a checking account, not a savings account. Contact the paycard issuer for the account number/routing number information.

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### 1. Deposit/Account Information

Bank Name: _____

Routing #: _____ Account #: _____

Choose only one account type:
☐ Checking ☐ Savings

Amount to deposit in selected account:
$ _____ or ☐ Full Net Amount

### 2. Deposit/Account Information

Bank Name: _____

Routing #: _____ Account #: _____

Choose only one account type:
☐ Checking ☐ Savings

Amount to deposit in selected account:
$ _____ or ☐ Full Net Amount

### 3. Deposit/Account Information

Bank Name: _____

Routing #: _____ Account #: _____

Choose only one account type:
☐ Checking ☐ Savings

Amount to deposit in selected account:
$ _____ or ☐ Full Net Amount

### 4. Deposit/Account Information

Bank Name: _____

Routing #: _____ Account #: _____

Choose only one account type:
☐ Checking ☐ Savings

Amount to deposit in selected account:
$ _____ or ☐ Full Net Amount

**Take advantage of Employee Access® in RUN Powered by ADP® to let your employees manage their own direct deposits.**

***Attention Payroll Contact**: Employers must keep each original Employee Direct Deposit Banking Authorization form on file as long as the employee is using direct deposit, and for two years thereafter. Employers may be subject to certain federal and state direct deposit notice, authorization and record retention requirements. Please review your applicable federal, state and local laws. This form is provided for convenience only and is not meant and should not be construed as legal, HR, financial, insurance, tax or accounting advice. You should consult with your own legal counsel, human resource, accounting or other professional advisor for circumstances pertaining to your business.

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