**Direct Deposit Authorization Form**

|  |  |  |  |
| --- | --- | --- | --- |
| **Company Name:** |  | | |
| **Department:** |  | **Date:** |  |

**Section 1: Employee Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Employee Name | John A. Smith | | |
| Employee ID | EMP-0245 | Job Title | Marketing Manager |
| Contact Number | +1 (555) 234-5678 | Email Address | john.smith@email.com |

**Section 2: Bank Account Information**

|  |  |  |  |
| --- | --- | --- | --- |
| Bank Name | National Bank of America | | |
| Bank Address | 123 Finance Avenue, New York, NY | Account Type | Checking / Savings |
| Routing Number | 011000015 | Percentage or Amount to Deposit | 100% of Net Pay |

**Note:** Attach a *voided check* or *bank confirmation letter* for verification.

**Section 3: Authorization**

I hereby authorize **[Company Name]** to deposit my salary and other payments directly into my bank account as indicated above. I also authorize the company to make corrections to any deposits made in error.

This authorization will remain in effect until I submit a written notice of change or cancellation.

**Employee Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Section 4: Employer/Payroll Use Only**

|  |  |  |  |
| --- | --- | --- | --- |
| Payroll Officer Name |  | Date Received |  |
| Verification Completed By |  | Effective Pay Period |  |
| Notes |  | | |