DIRECT DEPOSIT AUTHORIZATION FORM

Employer Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Employee Information

Employee Name: _____

Employee ID: _____ Social Security Number: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone Number: _____

Financial Institution Information

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Routing Number: _____

Account Number: _____

Type of Account: [ ] Checking [ ] Savings

Authorization for Direct Deposit

I authorize _____ (Employer) to deposit my payroll check directly to the account(s) listed above, effective _____ (date). In addition, I grant _____ (Employer) the authority to take any corrective actions, including debits, as needed, concerning these deposits. This authorization will remain in effect until I provide written notice to modify or cancel it.

Signature: _____ Date: _____

It is recommended to attach a voided check from the bank account where the funds should be deposited.
Deposits are processed by Valor Accounting Solutions, Inc.