

Employee Direct Deposit Authorization Form

Do NOT send or fax to National Payment Corporation!

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

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

Account One	Bank Name	<input type="checkbox"/> Savings	Staple Voided Check Here
	Bank Address	<input type="checkbox"/> Checking	
	Bank City, State, Zip	Amount for this Account:	
	Routing/Transit No.	REMAINDER	
	Account No.	Label it ①	
Account Two	Bank Name	<input type="checkbox"/> Savings	Staple Voided Check Here
	Bank Address	<input type="checkbox"/> Checking	
	Bank City, State, Zip	Amount for this Account:	
	Routing/Transit No.	\$ _____	
	Account No.	or _____ %	
Account Three	Bank Name	<input type="checkbox"/> Savings	Staple Voided Check Here
	Bank Address	<input type="checkbox"/> Checking	
	Bank City, State, Zip	Amount for this Account:	
	Routing/Transit No.	\$ _____	
	Account No.	or _____ %	
Account Four	Bank Name	<input type="checkbox"/> Savings	Staple Voided Check Here
	Bank Address	<input type="checkbox"/> Checking	
	Bank City, State, Zip	Amount for this Account:	
	Routing/Transit No.	\$ _____	
	Account No.	or _____ %	

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