



Direct Deposit Agreement Form

Begin Change Cancel

Elect to Have Your Pay Deposited to Your Bank Account:

I hereby authorize my employer _____, (hereinafter COMPANY) to initiate automatic deposits to my account at the financial institution named below. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to make withdrawals from this account not to exceed the original amount of the erroneous credit.

Further, I agree not to hold COMPANY responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until COMPANY receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the **Payroll Department**.

Account Information

Name of Financial Institution:	
Bank Routing Number:	
Account Number:	
Checking or Savings:	

Employee Name: _____

Employee Signature: _____ Date: _____

Or, Elect to Have Your Pay Deposited to a Prepaid Card:

I want to receive a Payment Card for my employer _____, (hereinafter COMPANY) to submit payment to my card account. I understand that this card was provided to me as an option by my COMPANY and that my COMPANY has provided me a listing of all fees associated with this card that will be deducted from the card balance.

The **USA PATRIOT Act** is a federal law that requires all financial institutions to obtain, verify, and record information that identifies each person who opens an account.

Employee Name: _____ Date of Birth: _____

Phone: _____ Email: _____

I hereby authorize my COMPANY to act as my agent to submit my application for the Payment Card to the issuing Financial Institution of the Payment card, and to the Terms and Conditions governing my use of Payment Card that I will receive at the time I receive my card.

I hereby authorize my employer to deposit payments due to me to my Payment Card.

Employee Signature: _____ Date: _____

Please attach a voided check or deposit slip and return this form to the Payroll Department.