## **Authorization for Direct Deposit**

I, \_\_\_\_\_\_\_(the "Payee"), hereby authorize \_\_\_\_\_\_\_(the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my account(s) indicated below and to other accounts I identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization supersedes all prior authorizations, and will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

## Do you wish to split your net pay between two bank accounts?

Yes	(complete "Account 1," "Account 2," and "Split Direct Deposit" sections below)									
No	(complete only the "Account 1" section below; skip "Account 2" and "Split Direct Deposit" sections)									
Account 1:				Account 2:	(only required if setting up	split direct deposit)				
Name on bank account:			Name on bank account:							
Bank name:				Bank name:						
Routing (ABA) number:			Routing (ABA) number:							
Account number	:			Account nun	nber:					
	Checking	Savings			Checking	Savings				
Split Direct Deposit: Deposit the first (only required if setting up split direct deposit)			% \$	f net pay to Account 1 and deposit the remainder to Account						

**SUPPLEMENTAL MATERIALS REQUIRED**: Attach a voided check or printout from your bank to verify the routing and account numbers provided above. Supplemental materials must originate from the bank, show full routing and account numbers, and be **printed**, not handwritten. **This form cannot be accepted/executed without the required supplemental materials.** 

I understand that it is my responsibility to ensure the accuracy and legibility of the information above, and that failure to do so may result in the delay or forfeiture of payment.

Employee Signature:					Print Name:			Date:	
Owner/Manager Signature:					Print Name:				Date:
PBM use on	ly: Form	uploaded via	portal?	Y / N	(comple	ete verificati	on if not uploa	ided via portal)	
Verified wit	h:		by		on		via		
	(office manag	ger/owner/client co	ntact)	(initial)		(date)	(commu	inication method)	
Updated		by	Effectiv	ve payroll:					
	(date)	(initial)			(da	ate)			