

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:

Name on bank account:

Bank name:

Routing (ABA) number:

Account number:

Checking

Savings

Account 2: (only required if setting up split direct deposit)

Name on bank account:

Bank name:

Routing (ABA) number:

Account number:

Checking

Savings

Split Direct Deposit: Deposit the first (only required if setting up split direct deposit)	% \$	of net pay to Account 1 and deposit the remainder to Account 2
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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 only: Form uploaded via portal? Y / N (complete verification if not uploaded via portal)
Verified with: _____ by _____ on _____ via _____ (office manager/owner/client contact) (initial) (date) (communication method)
Updated _____ by _____ Effective payroll: _____ (date) (initial) (date)