

Employee Direct Deposit Authorization Form

Do NOT send or fax to National Payment Corporation!

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

ACCOUNT ONE

Bank Name
Bank Address
Bank City, State, Zip
Routing/Transit No.
Account No.

This is a:

- Savings Account
 Checking Account

Staple Voided
Check Here

Amount for this Account:

REMAINDER

Label it
"Account One"

ACCOUNT TWO

Bank Name
Bank Address
Bank City, State, Zip
Routing/Transit No.
Account No.

This is a:

- Savings Account
 Checking Account

Staple Voided
Check Here

Amount for this Account:

\$ _____ OR _____ %

Label it
"Account Two"

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 _____

Employee should return this Direct Deposit Plus Authorization to Employer.

Dear Employee,

Please complete the above form, detach and return to your Payroll Dept.

After your **FIRST** Payroll Direct Deposit, sign up online to get your **FREE EZPaynote!**

EZPaynote sends an email and/or cell phone text message to you the day before payday advising you of your pay amount! You will always know when you've got pay with **EZPaynote!**

Sign up takes only minutes, and best of all - it's **FREE!**

Sign up here after your **FIRST** pay day: www.ezpaynote.com

