**DIRECT DEPOSIT**

**Electronic Funds Transfer (EFT) Form**

Employee Information:

Name: SS#:

Address:

City, State, Zip:

Phone #:

Bank Information: \*\***PLEASE ATTACH A VOIDED CHECK**\*\*

Bank Name:

Name on Account:

Account #: Routing #:

🞎 Checking 🞎 Savings

Authorization Agreement: I hereby authorize COMPANY NAME to deposit my paycheck directly into the above mentioned account. This authority will remain in effect until I have given written notice that I am terminating this contract, or until COMPANY NAME has notified me that this deposit service has been discontinued. I understand that I must give advance notice to allow reasonable time for my instruction to be executed. If an incorrect deposit should be made into my bank account, I authorize my bank and COMPANY NAME to make the appropriate adjustment(s).

Employee Signature: Date: