

DIRECT DEPOSIT BY ACH AUTHORIZATION (ACH CREDITS)

Company Name	Company Address	Company City, State, Zip	Company Phone
Employee Information			
Employee Name		Date of Birth	
Address		City	State and Zip
Email	Phone Number		Cell Phone Number
<p>I (we) hereby authorize _____, hereinafter called COMPANY, to initiate electronic credit entries to the accounts identified in the Banking Information sections below, and to debit my (our) account if necessary to correct erroneous credits. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.</p>			
Request Type- Check All That Apply			
<input type="checkbox"/> New Authorization		<input type="checkbox"/> Discontinue Direct Credit	
<input type="checkbox"/> Change Financial Institution Account			
<input type="checkbox"/> Split Among Multiple Accounts			
<input type="checkbox"/> Apply this authorization to expense reimbursements and other refunds in addition to payroll.			
Banking Information			
Primary Financial Institution Name		Account Number	
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Routing Transit Number	
Amount of Credit to Deposit: <input type="checkbox"/> Full Amount of Credit <input type="checkbox"/> Flat Amount \$ <input type="checkbox"/> Percentage of Credit _____%			
Additional Banks (For Split Deposits)			
Second Financial Institution Name		Account Number	
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Routing Transit Number	
Amount of Credit to Deposit: <input type="checkbox"/> Flat Amount: \$ <input type="checkbox"/> Percentage of Credit _____%			
Third Financial Institution Name		Account Number	
Account Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings		Routing Transit Number	
Amount of Credit to Deposit: <input type="checkbox"/> Flat Amount \$ <input type="checkbox"/> Percentage of Credit _____%			
<p>I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing or by phone at the address or telephone number above to revoke this authorization. I (we) understand that COMPANY requires at least ____ (days/weeks) notice to cancel this authorization.</p> <p>I (we) acknowledge that we are the account holders of record at the financial institution provided in this authorization.</p>			
Authorized Signatures			
Print Name		Print Name	
Signature		Signature	