

[Company Name]
Electronic Funds Transfer Authorization

I hereby authorize my [Company Name] (my employer) to directly deposit my pay in the bank account(s) listed below in the percentages specified. (If two accounts are designated, deposits are to be made in whole percentages to pay to total 100%.) I have attached a voided check or deposit slip for each account specified below. This authorization is to remain in force until the company has received written authorization from me of its termination or change.

Also, I grant [Company Name] the right to correct any Electronic Funds Transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Name: _____

Address: _____

Telephone: _____

Signature

Date

| | | |
|---|-----------------------------------|----------------------------------|
| Company Use Only: | | |
| Effective Date: | | |
| Account #1: (Check only one) | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |
| Financial Institution: | | |
| Street Address: | | |
| City, State and Zip Code: | | |
| Telephone: | | |
| Personal Account Number: | | |
| Percent of pay to be deposited into this account: | | % |
| Company Use Only: | | |
| Bank/ABA Number: | | |
| Account #2: (Check only one) | <input type="checkbox"/> Checking | <input type="checkbox"/> Savings |
| Financial Institution: | | |
| Street Address: | | |
| City, State and Zip Code: | | |
| Telephone: | | |
| Personal Account Number: | | |
| Percent of pay to be deposited into this account: | | % |
| Company Use Only: | | |
| Bank/ABA Number: | | |