

## Employee DIRECT DEPOSIT AUTHORIZATION

### Instructions

Date: \_\_\_\_\_

Employee: Fill out and return to your employer.

Employer: Save for your files only.

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

<b>Company Name:</b> _____
<b>Employee Name:</b> _____
Address: _____
City, State, Zip: _____
SS#: _____ Date of Birth: _____
<b>Account #1:</b> Checking    or    Savings Bank Routing Number (ABA): _____ Account Number: _____ Percentage or Dollar Amount to be deposited into my account EACH pay period: _____ % or \$\$
<b>Account #2:</b> Checking    or    Savings Bank Routing Number (ABA): _____ Account Number: _____ Percentage or Dollar Amount to be deposited into my account EACH pay period: _____ % or \$\$
<p>**Attach a VOIDED check here for each deposit account here for validation.</p> <p>**For Savings Accounts, please provide an bank authorization form, or copy of a deposit slip showing the accurate account number.</p>
<p>It is my responsibility to verify deposits each pay period, before writing checks or authorizing automatic payments against these funds. I understand that neither my employer or AAA Accounting Services, LLC is responsible for any bank errors and/or bank fees.</p> <p>I authorize my employer _____ and it's agents, including financial institutions to initiate electronic credit entries, and if necessary, debit entries and/or adjustments for any entries made in error to my account. This authorization will remain active and in effect until I have cancelled or terminated the account in writing.</p> <p>Employee Signature: _____ Date: _____</p> <p>**We are unable to deposit into third party accounts. Each deposit must have the depositors name and social security number listed on the account.</p>