



Employee Information

Employee Name: _____
 Employer: _____
 Social Security Number: - -

Complete for DIRECT DEPOSIT

Account 1		Account 2	
Bank Name:		Bank Name:	
Routing Number:		Routing Number:	
Account Number:		Account Number:	
Checking:	Savings:	Checking:	Savings:
Entire Net Pay		Entire Net Pay:	
% of Net Pay:	%	% of Net Pay	%
Flat Dollar Amount \$		Flat Dollar Amount \$	

Please attach a voided check for verification of bank data

ATTACH VOIDED CHECK(S) HERE

Employee Authorization ** IMPORTANT READ

I hereby authorize my employer _____, and its Agents including Financial Institutions, to deposit my earnings directly into my checking and/or savings account(s) as indicated above and agree that such credit to these accounts constitutes payment and receipt by me. My employer reserves the right to recall funds sent in error and to interrupt or discontinue direct deposits and issue live checks to any and all employees at any time for any reason. I am always responsible for verifying that funds have been credited into the proper account and are available prior to writing checks or otherwise withdrawing funds from this account. I am aware that this authority will remain in full effect until my employer receives thirty (30) days prior written notification from me of change or cancellation.

Dear Employee,
 Please complete the form, and return to your employer.
 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

**YOU'VE
 GOT
 PAY**

Employee Signature _____ **Date** _____

By signing above, I am agreeing that I am either the accountholder or have the authority of the accountholder to authorize my employer to make direct deposits into the above account(s).