Employee Direct Deposit Authorization Form

Do NOT send or fax to National Payment Corporation!

Photocopy this form and distribute a copy to each employee participating in Direct Deposit.

Bank Name

Bank Address

Bank City, State, Zip

Routing/Transit No.

Account No.

This is a:

☐ Savings Account

☐ Checking Account

Staple Voided Check Here

Bank Name

Bank Address

Bank City, State, Zip

Routing/Transit No.

Account No.

This is a:

☐ Savings Account

☐ Checking Account

Staple Voided Check Here

I authorize my employer, _____ , and its Agents, including Financial Institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts listed above. This authorization will remain in effect until I have informed my employer in writing that I wish to cancel it and my employer has had reasonable time to effect such cancellation.

Employee Name (please print) _____ Employee Signature _____ Date

Employee should return this Direct Deposit Plus Authorization to Employer.

Dear Employee,

Please complete the above form, detach and return to your Payroll Dept.

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