FOR YOUR FILES ONLY



Authorization for Direct Deposit - Employee Form

the "Company" to condend to this (and any	verwiete debit and edicatorant autrica) electronically on b
(the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or be any other commercially accepted method, to my (our) account(s) indicated below and to other accounts (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to po all such entries. Note: Enter your company name in the blank space above.	
Account #1 Type (Checking or Savings)	
EMPLOYEE BANK NAME	
BANK ROUTING # (ABA#)	ACCOUNT #
PERCENTAGE OR DOLLAR AMOUNT TO BE DEPOS	ITED TO THIS ACCOUNT
Account #2 (remainder to be deposited to this a Account #2 Type (Checking or Savings) EMPLOYEE BANK NAME	ccount)
BANK ROUTING # (ABA#)	ACCOUNT#
This authorization will be in effect until the Compa has a reasonable opportunity to act on it.	any receives a written termination notice from myself and
SIGNATURE	
PRINTED NAME	
EMPLOYEE ID #	DATE

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do not send this form to QuickBooks Direct Deposit.

IMPORTANT - Enter the employee's bank account and routing numbers into QuickBooks. To do this, click the Direct Deposit button on the Payroll and Compensation Info tab for each employee.