

Consumer Authorization for Direct Deposit / Split Deposit via ACH
(ACH Credits)

I (we) hereby authorize _____ (COMPANY) to initiate credit entries to my account indicated below at the financial institution named below. I acknowledge that the origination of ACH transactions to my account must comply with the provisions of U.S. law.

Action Requested:

- Begin direct deposit
- Change bank information or allocation of amounts

Bank Information:

ACCOUNT	ACCOUNT	ACCOUNT
Bank Name: _____	Bank Name: _____	Bank Name: _____
Routing Number: _____	Routing Number: _____	Routing Number: _____
Account Number: _____	Account Number: _____	Account Number: _____
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings
Priority Ranking: 1 st 2 nd 3 rd	Priority Ranking: 1 st 2 nd 3 rd	Priority Ranking: 1 st 2 nd 3 rd
<input type="checkbox"/> Deposit ENTIRE Net Pay Each Pay Period (100%)	<input type="checkbox"/> Deposit ENTIRE Net Pay Each Pay Period (100%)	<input type="checkbox"/> Deposit ENTIRE Net Pay Each Pay Period (100%)
<input type="checkbox"/> Deposit \$_____ of Net Pay Each Pay Period	<input type="checkbox"/> Deposit \$_____ of Net Pay Each Pay Period	<input type="checkbox"/> Deposit \$_____ of Net Pay Each Pay Period
<input type="checkbox"/> Deposit _____% of Net Pay Each Pay Period	<input type="checkbox"/> Deposit _____% of Net Pay Each Pay Period	<input type="checkbox"/> Deposit _____% of Net Pay Each Pay Period

I understand this authorization will remain in full force and effect until COMPANY has received written notice from me of its termination in such time and manner as to afford COMPANY and Financial Institution a reasonable opportunity to act on it.

Employee Signature

Date

Employee name (printed)

Employee ID or SSN

*****PLEASE ATTACH A VOIDED CHECK FOR EACH ACCOUNT FOR VERIFICATION*****

Please return this form to _____ for processing. Notice will be sent to you indicating the payroll date that your direct deposit will begin.

For office use only:
initials: _____

Date received: _____ Start Date: _____

Date changed: _____ Termination Date: _____

**retain authorization for 2 years after termination date*