DIRECT DEPOSIT BY ACH AUTHORIZATION (ACH CREDITS)

Company Name	Company Address	Company City, State, Zip	Company Phone

Employee Information

Employee Name		Date of Birth

Address	City	State and Zip

Email	Phone Number	Cell Phone Number

I (we) hereby authorize _____, hereinafter called COMPANY, to initiate electronic credit entries to the accounts identified in the Banking Information sections below, and to debit my (our) account if necessary to correct erroneous credits. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

Request Type- Check All That Apply

☐ New Authorization   ☐ Discontinue Direct Credit
☐ Change Financial Institution Account
☐ Split Among Multiple Accounts
☐ Apply this authorization to expense reimbursements and other refunds in addition to payroll.

Banking Information

Primary Financial Institution Name	Account Number

Account Type: ☐ Checking ☐ Savings	Routing Transit Number

Amount of Credit to Deposit:
☐ Full Amount of Credit   ☐ Flat Amount $ ☐ Percentage of Credit _____%

Additional Banks (For Split Deposits)

Second Financial Institution Name	Account Number

Account Type: ☐ Checking ☐ Savings	Routing Transit Number

Amount of Credit to Deposit:
☐ Flat Amount: $ ☐ Percentage of Credit _____%

Third Financial Institution Name	Account Number

Account Type: ☐ Checking ☐ Savings	Routing Transit Number

Amount of Credit to Deposit:
☐ Flat Amount $ ☐ Percentage of Credit _____%

I (we) understand that this authorization will remain in full force and effect until I (we) notify COMPANY in writing or by phone at the address or telephone number above to revoke this authorization. I (we) understand that COMPANY requires at least _____ (days/weeks) notice to cancel this authorization.
I (we) acknowledge that we are the account holders of record at the financial institution provided in this authorization.

Authorized Signatures

Print Name	**Print Name**

Signature	Signature