



Employee Direct Deposit Authorization Form

_____ New Payroll Deposit _____ Change Deposit Information:

Employer Name: _____

Employee: Fill out and return to your employer. Employer: Send to Abacus payroll and save for your files.

This document must be signed by employees requesting automatic deposit if paychecks and retained on file by the employer. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Complete Accounts 1 or 2 as applicable

Account 1

Account 1 type: Checking Savings
Bank routing number (ABA number):
Account number:
Percentage or dollar amount to be deposited to this account: % or \$

Account 2 (remainder to be deposited to this account)

Account 2 type: Checking Savings
Bank routing number (ABA number):
Account number:

Attach a voided check for each account here

Authorization (enter your company name in the blank space below)

This authorizes (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated above and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply will all applicable U.S. Law. This authorization will be in effect until the Company receives written termination notice from myself and has a reasonable opportunity to act on it.

Employee signature: Employee ID #:

Print name: Date: