

Authorization for Direct Deposits – Employee Form

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 below 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.

NOTE: Enter your company name in the blank space above.

Account #1

Account #1 Type (e.g. Checking or Savings) _____

EMPLOYEE BANK NAME _____

BRANCH _____

CITY _____

STATE _____

BANK ROUTING # (ABA#) _____

ACCOUNT # _____

Account #2

Account #1 Type (e.g. Checking or Savings) _____

EMPLOYEE BANK NAME _____

BRANCH _____

CITY _____

STATE _____

BANK ROUTING # (ABA#) _____

ACCOUNT # _____

This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

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 _____