

# DIRECT DEPOSIT AUTHORIZATION FORM

Please fax to 516-496-3174

The authorization form provided below gives \_\_\_\_\_  
(your employer) and your financial institution authority to deposit your pay directly into your  
account.

## INSTRUCTIONS:

1. Fill in your name, your bank's name, location and the date.
2. Mark the box to indicate whether your pay will be deposited in your checking or savings account.
3. Please fill in your bank's routing and account numbers.
4. Please be sure to **sign the form**.
5. Return the completed form to \_\_\_\_\_.

## AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSIT

I authorize \_\_\_\_\_ (my employer) and the bank indicated below to  
deposit my net pay automatically each payday. If monies to which I am not entitled are deposited to  
my account, I authorize my employer to direct the bank to return said funds. This authority will  
remain in effect until I have cancelled it in writing.

*Bank Name:* \_\_\_\_\_

*Branch Address:* \_\_\_\_\_

*City, State, Zip Code:* \_\_\_\_\_

*Bank ID Number:* \_\_\_\_\_ *Account Number:* \_\_\_\_\_

*Checking*

*Savings*

*Name (Please Print):* \_\_\_\_\_ *Date:* \_\_\_\_\_

EMPLOYEE SOCIAL SECURITY NUMBER:

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*Signature:* \_\_\_\_\_