



Employee Payroll Direct Deposit Authorization

Name of Employer: _____

Employee Name: _____ SS# ____ - ____ - ____

- I hereby authorize my employer to directly deposit my pay into the bank account/accounts specified.
- I am attaching a voided check for the account /accounts specified below. This authorization is to remain in force until the company has received a written authorization from me of its termination or change.
- I grant my employer the right to correct any electronic funds transfer resulting from an erroneous overpayment by debiting my account to the extent of such overpayment.

Employee’s Financial Institution Information:

NET PAY: \$ _____	PARTIAL PAY: \$ _____
Financial Institution: _____	Financial Institution: _____
Personal Account #: _____	Personal Account #: _____
Checking: _____ Savings: _____	Checking: _____ Savings: _____
Routing &Transit #: _____	Routing &Transit #: _____

NOTE:

1. NET PAY: Represents the total amount of funds per pay period, and can be deposited into any financial institution.
2. PARTIAL PAY: Represents a portion of pay, and can ONLY be deposited in Credit Unions (affiliated with SDS) or Regular Banking Institutions.
3. It can take from 2 to 3 weeks after receipt of your Direct Deposit Form for your Direct Deposit to become effective. Employees are responsible for verifying that their funds have been directly deposited in to his/her account.
4. Funds transferred by electronic transmission, normally post to the account 2 to 3 days after payroll is processed. Employees remain responsible for verifying that their funds are deposited and available prior to writing checks or debiting their account.

Signature of Employee: _____ Date: ____/____/____

Please attach copy of voided check here.