



EMPLOYEE DIRECT DEPOSIT AUTHORIZATION

**Instructions**

Employee: Fill out and return to your employer.

Employer: Forward to Wilklow & Associates, CPA, PC

**Employee Information**

Employee Name: \_\_\_\_\_

Email address: \_\_\_\_\_ (Please use an email address that you check regularly. This address will be used to transmit your paystubs and W2 to you)

**Account 1 Information**

Account 1 type:  Checking  Savings

Bank name: \_\_\_\_\_

Bank routing number (ABA number) \_\_\_\_\_

Account number: \_\_\_\_\_

% or dollar amount to be deposited (optional) \_\_\_\_\_

**Account 2 Information (remainder if splitting between 2 accounts)**

Account 2 type:  Checking  Savings

Bank name: \_\_\_\_\_

Bank routing number (ABA number) \_\_\_\_\_

Account number: \_\_\_\_\_

% or dollar amount to be deposited \_\_\_\_\_

**Account 3 Information (remainder if split between 3 bank accounts)**

Account 3 type:  Checking  Savings

Bank name: \_\_\_\_\_

Bank routing number (ABA number) \_\_\_\_\_

Account number: \_\_\_\_\_

**Authorization**

This authorizes \_\_\_\_\_ (the "Company") to send credit entries and appropriate debit and adjustment entries, electronically or by any other commercially accepted method, to the account(s) indicated above and to other accounts indentified 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 with all applicable U.S. Law. 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.

Employee signature: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Printed name: \_\_\_\_\_ Date \_\_\_\_\_

**I understand that providing payroll payments by direct deposit processing can delay receipt of funds for up to two business days. \_\_\_\_\_ (Initial)**