Authorization for Direct Deposit - Employee Form

	(the "Company") es), electronically or by any other commercially accepted method, to) identify in the future (the "Account"). This authorizes the financial
Note: Enter your company name in the blank space above.	
Account #1 Account #1 Type (check one): Checking Savings	
Employee Bank Name	-
Bank Routing # (ABA#)	Account #
Percentage or Dollar Amount to be Deposited to This Account	
Account #2 (remainder to be deposited to this account) Account #2 Type (check one): ☐ Checking ☐ Savings	
Employee Bank Name	-
Bank Routing # (ABA#)	Account #
Please attach a voidable. This authorization will be in effect until the Company receives a opportunity to act on it.	ded check for each account here. written termination notice from myself and has a reasonable
Signature	-
Printed Name	-
Employee ID #	Date

IMPORTANT: 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 Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

Employee: Please fill out and return to your employer. Employer: Please save for your files only.