



877-Get-epay [438-3729]
www.epay-plus.com

Employee Direct Deposit Authorization Form

Employees that would like to have checks direct deposited should use this form

Client Name: _____ Employee Name: _____

Authorize my employer, _____, and its Agents, including Financial Institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts listed below. This authorization will remain in effect until I have informed my employer in writing that I wish to cancel it and my employer has had reasonable time to effect such cancellation.
Revise direct deposit bank account(s) as indicated below.

I understand I should contact my bank to verify receipt of funds.

Employee's Signature: _____ Date: _____

If you want money split between two accounts indicate a % or \$ amt for the second account. Remaining dollars will go to acct #1 automatically.					
Pay Order	Bank Name/Address/Phone	Acct. Type Checking/Savings	Routing Number - 9 digit number on the bottom of check	Account Number	Amount/ Percentage -
1	_____				This account is used for deposit of all funds not allocated to second account
2	_____				

Please attach a voided check or deposit slip for each bank account to which funds will be deposited.

FAX FORM TO 949.666.8088 WHEN COMPLETED.