



FOR YOUR FILES ONLY

Authorization for Direct Deposits – Employee Form

This authorizes _____ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries.

NOTE: Enter your company name in the blank space above.

Account #1

Account #1 Type (e.g. Checking, Savings, Loan ...) _____

EMPLOYEE BANK NAME _____ BRANCH _____

CITY _____ STATE _____

BANK ROUTING # (ABA#) _____ ACCOUNT # _____

Account #2

Account #2 Type (e.g. Checking, Savings, Loan ...) _____

EMPLOYEE BANK NAME _____ BRANCH _____

CITY _____ STATE _____

BANK ROUTING # (ABA#) _____ ACCOUNT # _____

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.

.....
SIGNATURE

.....
PRINTED NAME

EMPLOYEE ID # _____ DATE _____

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 the QuickBooks Payroll Services.

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