

Adirondack Payroll
ADVANCED PAYROLL SOLUTIONS THAT WORK FOR YOU!

**Direct Deposit
 Employee Authorization**

Company Name:	Department Name (if applicable):
Employee Name:	

I authorize you and the financial institution(s) listed below to deposit my pay automatically to the indicated account(s) and to make adjusting entries as may be required.

Bank Name Routing Number	State	Type Circle One	Amount Percentage Circle One	Account Number
		Ckg Sav		
		Ckg Sav		
		Ckg Sav		

Please Check One:

<input type="checkbox"/>	New or Additional Direct Deposit
<input type="checkbox"/>	Change the Bank or Account Number on an Existing Direct Deposit
<input type="checkbox"/>	Change the Amount of an Existing Direct Deposit
<input type="checkbox"/>	Other, Please Explain:

Account Number to be replaced:		
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 40%; padding: 5px;">Amount was:</td> <td style="width: 30%; padding: 5px;">Amount changed to:</td> </tr> </table>	Amount was:	Amount changed to:
Amount was:	Amount changed to:	

PLEASE ATTACH A VOIDED CHECK FOR THE DIRECT DEPOSIT BANK ACCOUNT AS VERIFICATION FOR EACH REQUEST (a deposit slip will not work)

It is my responsibility to verify deposits on a per pay period basis before writing checks against these funds. This Authorization can take up to three pay periods to activate. I understand that neither my employer or Adirondack Payroll is responsible for bank errors or fees. I may cancel this Direct Deposit(s) at any time with written notice submitted to my employer.

Signature: _____

Date: _____

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