

Future In Sight

Direct Deposit Authorization Form

Section A: Employee Information

Employee Name		Employee #	
Address			
Work Phone		Payroll Effective Date	

Section B: Account Information

Account Type	Bank Name	Amount	Routing/ Transit #	Account Number	Change Type
<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$			<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop
<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$			<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop
<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$			<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop
<input type="checkbox"/> Checking <input type="checkbox"/> Savings		\$			<input type="checkbox"/> New <input type="checkbox"/> Change <input type="checkbox"/> Stop

Section C: Authorization and Signature

I authorize Checkmate Payroll Services and the financial institution(s) listed above to deposit my salary payments automatically. This authority will remain in effect until I have cancelled it in writing. I hereby authorize any drafts to adjust any over-deposit to my account.

Employee Signature		Date	
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In the space below, please attach a VOIDED CHECK or bank authorization form for each new account. Checkmate cannot initiate direct deposits without this information.