

Direct Deposit

Employee Authorization

Company Name:

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 or Credit Union Name	Checking or Savings Acct	Dollar or Percent Amt	Account Number

Please Check One:

<input type="radio"/>	New or Additional Direct Deposit		
<input type="radio"/>	Change the Bank or Account Number of an existing Direct Deposit	Old Acct Number	<input style="width: 95%;" type="text"/>
<input type="radio"/>	Change the Amount of an Existing Direct Deposit	Amount Was: <input style="width: 50px;" type="text"/>	Change To: <input style="width: 50px;" type="text"/>
<input type="radio"/>	Other (please explain)	<input style="width: 95%; height: 20px;" type="text"/>	

PLEASE ATTACHED A VOIDED CHECK FROM EACH BANK ACCOUNT FOR VERIFICATION OF THE DIRECT DEPOSIT REQUEST

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 (3) pay periods to activate. I understand that neither my employer or MetroPayroll Inc. is responsible for bank errors or fees. I may cancel this direct deposit at any time.

Signature: _____

Date: _____

