**DIRECT DEPOSIT (DD) EMPLOYEE AUTHORIZATION FORM**

**DD will NOT be enabled without proper backup/supporting documents noted below \*\***

**Employer – please do NOT submit this form without proper backup or it will be shredded.**

This authorizes (**enter your company/employer name)**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (the “Company” or “Employer”) to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) accounts(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. \***All information must be legible.\***

**Account #1 \*\*see below**

Account #1 Type (**circle one**) Checking Savings

Employee Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Routing / ABA#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Percentage or Dollar Amount to be deposited to this account: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Account #2 \*\*see below**

Account #2 Type (**circle one**) Checking Savings

Employee Bank Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Bank Routing / ABA#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Account #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**\*\* backup/supporting documents for each account listed above *MUST* be attached:**

voided/copy of a check **or**

document completed by your bank stating the routing and account number(s) **or**

screen shot(s) from online account showing FULL routing and account number(s)

*(deposit slips not accepted – they do not contain proper routing number)*

**All wages may be paid via check or direct deposit, with no fees to the employee for choosing either method of payment.**

**I attest this Direct Deposit authorization is being made voluntarily and will remain in effect until I have filed a new Direct Deposit Employee Authorization Form, or until this authorization is revoked by me in writing, and my Company/Employer has a reasonable opportunity to act on it. In the event any of my stated Accounts close and/or change, I will inform my Company/Employer immediately and I understand there may be a delay when resolving any direct deposit corrections. If monies to which I am not entitled are deposited to my Account(s), I authorize my Company/Employer to make the appropriate adjusting transactions to return such funds.**

Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Employee ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NO electronic signatures accepted. Form must be printed and physically signed by employee then verbally verified by employer.**

Employee Printed Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYEE: Please fill out and return to your employer with proper backup document(s). Also, employees should check with their bank to ensure there are no restrictions for deposits or withdrawals.**

**EMPLOYER: Please forward a copy of this form with applicable backup to HVRG and save the originals for your files.**