Direct Deposit Authorization Form

Bank account details & signature

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The employee named below authorizes the employer to deposit pay into the bank account shown. Store the signed form securely and limit access to payroll staff. This is a general-purpose layout, not legal, tax, or banking advice — confirm your payroll processor and bank requirements.

Employee

Employee name

Employee ID

Bank account

Bank / financial institution name

Routing number

Account number

Account type (checking / savings)

Amount or percentage

Second account (optional): bank, routing, account, split

Authorization

I authorize my employer to deposit my pay into the account(s) listed above and, if needed, to reverse entries made in error. This authorization stays in effect until I cancel it in writing.

☐ I have read and agree to the authorization statement above

Attach a voided check if your bank requires it to verify the account.

Signatures

Employee signature

Date

Printed name