



PAYROLL OFFICE OF AMERICA

AUTHORIZATION AGREEMENT FOR DIRECT DEPOSIT

To request deposit of Full Net Pay:

Company Name: _____

Employee Name: _____

Employee Bank Name: _____

Routing/Transit Number: _____

Account Number: _____

Type of Account: **Checking** _____ **Savings** _____

To request additional partial deposit (s):

1.
Employee Bank Name: _____

Routing/Transit Number: _____

Account Number: _____

Type of Account: **Checking** _____ **Savings** _____

Please specify flat amount (in dollars) to be deposited into this account: \$ _____

2.
Employee Bank Name: _____

Routing/Transit Number: _____

Account Number: _____

Type of Account: **Checking** _____ **Savings** _____

Please specify flat amount (in dollars) to be deposited into this account: \$ _____

It is the employee's responsibility to confirm that their banking institution permits direct deposit.

Employee Signature

Date

PLEASE ATTACH A VOIDED CHECK