



**DIRECT DEPOSIT AUTHORIZATION FORM**

This is for a:    \_\_\_ New Checking Account        \_\_\_ New Savings Account  
                      \_\_\_ Replacement Account        \_\_\_ Additional Account

Company Name:
Employee Name:
Social Security Number:

**\*\*\*\*\*PLEASE ATTACH VOIDED CHECK OR BANK AUTHORIZATION FORM\*\*\*\*\***

Bank Name:		
Indicate Account Type (Check One)    ___ Checking Account        ___ Savings Account		
\$ Amount or Percentage	Routing Number (9 digits)	Account Number
Bank Name:		
Indicate Account Type (Check One)    ___ Checking Account        ___ Savings Account		
\$ Amount or Percentage	Routing Number (9 digits)	Account Number
Bank Name:		
Indicate Account Type (Check One)    ___ Checking Account        ___ Savings Account		
\$ Amount or Percentage	Routing Number (9 digits)	Account Number
Bank Name:		
Indicate Account Type (Check One)    ___ Checking Account        ___ Savings Account		
\$ Amount or Percentage	Routing Number (9 digits)	Account Number

I authorize D&P Payroll Service to deposit my payments to my financial institution electronically. I further understand that D&P Payroll will reverse any payments made to my account in error.

EMPLOYEE SIGNATURE \_\_\_\_\_ DATE: \_\_\_\_\_