

Direct Deposit Authorization Form

- Please complete this form and return it to the payroll department no later than Friday afternoon of the week prior to a pay week.
- Be sure to include a voided check for your checking account and/or a deposit slip for your savings account, whichever is applicable (or a direct deposit informational form from your institution). The details from the check, deposit slip or informational form will be used to verify the account details.
- You also have the option to deposit a part of your net pay into a secondary account, such as savings or credit union account. Please specify the dollar amount from your net pay that should be deposited in your secondary account.

Account #1:

Account #1 Type (check one) ☐ Checking ☐ Savings ☐ Cancel Direct Deposit

Employee Bank Name: _____

Bank Routing #(ABA#): _____

Account#: _____

Percentage or Dollar Amount to be deposited to this account: _____

Account #2: (Remainder to be deposited to this account)

Account #1 Type (check one) ☐ Checking ☐ Savings

Employee Bank Name: _____

Bank Routing #(ABA#): _____

Account#: _____

I authorize SEEM COLLABORATIVE and the above Financial Institution to deposit my net pay and/or flat amount automatically into my account(s) each payday, and to initiate any necessary adjustments for entries made in error to my account.

(Signature)

(Date)

(Print Name)

Attach Voided Check(s)/Deposit slip here.