



**Direct Deposit
Employee Authorization**

Company Name: _____

Employee Name: _____

I authorize you and the financial institution(s) listed below to deposit my pay automatically to the indicated account(s) and to make adjusting entries as may be required.

Bank/Credit Union Routing Number	State	Circle One	Flat Dollar Amount	Flat Percentage Amount	Remainder of Check	Account Number
		Ck/Sav				
		Ck/Sav				

Please Check One:

<input type="checkbox"/>	New or Additional Direct Deposit
<input type="checkbox"/>	Change Amount of Existing Direct Deposit
<input type="checkbox"/>	Discontinue Existing Direct Deposit

PLEASE ATTACH A VOIDED CHECK FOR THE DIRECT DEPOSIT BANK ACCOUNT AS VERIFICATION OF EACH REQUEST

It is my responsibility to verify deposits on a per pay period basis before writing checks against these funds. This Authorization can take up to three pay periods to activate. I understand that neither my employer or Absolute Wages is responsible for bank errors or fees. I may cancel direct deposit at any time.

Signature: _____

Date: _____