



DIRECT DEPOSIT

Employee Authorization Form

Please complete the following (please print):

Employee Name

Employer Name

Bank Name/City and State

ABA Routing Number (9 digits)

Account Number

Type of Account:

Amount to be deposited:

____ Checking

____ Entire Check

____ Savings

____ Flat Amount \$ _____.

Please attach cancelled check below:

****** Attach cancelled check here****
No Deposit Slips Accepted**

I authorize my employer, Alliance Payroll Services, Inc. and the above referenced financial institution to deposit my pay automatically into the account listed above. I also authorize adjusting entries as may be required.

X _____
Employee Signature

_____/_____/_____
Date