

## Direct Deposit Authorization Form

### Purpose

This form authorizes Rise & Shine ABA to deposit your paycheck directly into your bank account(s). All information will remain confidential and used only for payroll purposes.

### 1. Employee Information

Full Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Social Security Number (last 4 digits): \_\_\_\_\_



## 2. Bank Account Information

You may designate one or more accounts for direct deposit.

### Primary Account (Required)

Bank Name: \_\_\_\_\_

Account Type: ☐ Checking ☐ Savings

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Deposit Amount: ☐ 100% of paycheck  
☐ Other amount: \$ \_\_\_\_\_

### Secondary Account (Optional)

Bank Name: \_\_\_\_\_

Account Type: ☐ Checking ☐ Savings

Routing Number: \_\_\_\_\_

Account Number: \_\_\_\_\_

Deposit Amount: \$ \_\_\_\_\_ or ☐ Remainder of paycheck

## 3. Required Documentation

Please attach one of the following:

- Void check (preferred)
- Bank letter with account and routing numbers
- Official direct deposit form from your bank

## 4. Authorization & Agreement

By signing this form, I authorize Rise & Shine ABA to:

- Deposit my paycheck electronically to the account(s) listed above
- Make any necessary correcting entries in the case of an error
- Continue deposits until I submit written notice to change or cancel authorization



I understand that:

- Changes may take up to 1–2 payroll cycles to process
- It is my responsibility to provide accurate banking information
- Rise & Shine ABA is not responsible for delays caused by incorrect information

#### 5. Employee Signature

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Office Use Only

Entered By: \_\_\_\_\_

Date Processed: \_\_\_\_\_

Verified By: \_\_\_\_\_

