

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: _____