**Authorization for Direct Deposit - Employee Form**

This authorizes (the “Company”) to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the “Account”). This authorizes the financial institution holding the Account to post all such entries.

Note: Enter your company name in the blank space above.

**Account #1**

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



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 #2 Type (check one): ☐ Checking ☐ Savings



Employee Bank Name



Bank Routing # (ABA#) Account #



This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.



Signature



Printed Name



Employee ID # Date

IMPORTANT: This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do not send this form to Intuit. Employees must attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers.

**Employee: Please fill out and return to your employer. Employer: Please save for your files only.**