

ACH AUTHORIZATION

Employee

Name: _____

Address: _____

If you would like the entire amount of your paycheck to be deposited into one bank account, please complete only the first section (1) of banking information. If you would like to have a portion of funds from your paycheck deposited into a second bank, also complete the additional section of banking information (2) and specify the exact dollar amount or percentage of paycheck to be deposited to each account.

Bank Name (1): _____

Address: _____

Phone Number: _____

Account Number: _____

Routing Number: _____

Account Type: Checking Savings

Deposit Amount: Full Partial _____
(Specify amount)

Is your account with ACH reversal block?* Yes No

*ACH payment will not be processed if there is an ACH reversal block on the account as System Soft Technologies will not be able to reverse any payment made in error. Employee with ACH reversal block on their account will have manual paychecks.

Bank Name (2): _____

Address: _____

Phone Number: _____

Account Number: _____

Routing Number: _____

Account Type: Checking Savings

Deposit Amount: (specify amount) _____

Is your account with ACH reversal block? Yes No

Name: _____

Date: _____

Signature: _____