Employee Authorization for Direct Deposit

Submit with a voided check or screenshot showing bank account and routing numbers for enrollment

l,	authorize
AUSTIN TAX AND BOOKKEEPING SERVIC	CES, as directed by my employer, to deposit my
pay automatically to the account(s) indicated	below and, if necessary, to adjust or reverse a
deposit for any payroll entry made to my acc	ount in error. This authorization will remain in
effect until I cancel it in writing and in such til	me as to afford a reasonable opportunity to act on
it.	
Name on bank account:	
Bank account number:	Checking Savings
Bank routing number:	
*Amount: \$ or entire	e paycheck:
*Balance of pay to: Manual (paper check) Account described below *Note: Split payments are not available for contra	actors.
Name on bank account:	
Bank account number:	Checking Savings
Bank routing number:	
Important: Please attach a voided check or	screenshot for each bank account to which funds
should be deposited.	
Employee/Contractor signature:	
Date:	

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