

Direct Deposit Authorization Form

EMPLOYEE NAME (print please) _____

SOCIAL SECURITY # _____

I authorize Family Resource Agency, Inc. and the financial institution(s) listed below to electronically deposit my pay each payday as specified in the order below. This form will remain in effect until I have filed a new authorization or it is revoked by me in writing, or upon termination of my employment with said company. (Note: Final paychecks of terminated employees will be deposited per this authorization unless company is notified in writing prior to issuance of final check)

****Checking Account – attach a voided check with your name, routing & account numbers for each account listed below****

****Savings Account – attach verification with your name, routing & account numbers for each account listed below. If you do not have this information, it can be obtained through the Financial Institution****

First:

ACCOUNT TYPE :	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS
AMOUNT :	<input type="checkbox"/> NET PAY	<input type="checkbox"/> FLAT AMOUNT \$ _____ <input type="checkbox"/> % OF CHECK _____%
BANK NAME _____	BRANCH _____	
CITY _____	STATE _____	ZIP CODE _____
ROUTING / BANK TRANSIT / ABA NUMBER _____	ACCOUNT NUMBER _____	

Second:

ACCOUNT TYPE :	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS
AMOUNT :	<input type="checkbox"/> NET PAY	<input type="checkbox"/> FLAT AMOUNT \$ _____ <input type="checkbox"/> % OF CHECK _____%
BANK NAME _____	BRANCH _____	
CITY _____	STATE _____	ZIP CODE _____
ROUTING / BANK TRANSIT / ABA NUMBER _____	ACCOUNT NUMBER _____	

Third:

ACCOUNT TYPE :	<input type="checkbox"/> CHECKING	<input type="checkbox"/> SAVINGS
AMOUNT :	<input type="checkbox"/> NET PAY	<input type="checkbox"/> FLAT AMOUNT \$ _____ <input type="checkbox"/> % OF CHECK _____%
BANK NAME _____	BRANCH _____	
CITY _____	STATE _____	ZIP CODE _____
ROUTING / BANK TRANSIT / ABA NUMBER _____	ACCOUNT NUMBER _____	

By signing this form I understand and agree that if monies I am not entitled to are deposited to my account, my employer is authorized to direct the financial institution to return said funds. Also, I understand that due to circumstances beyond the control of said employer, funds may not appear in my account until the Monday following the normal pay date. In the instance a deposit is not made as authorized, a replacement check will only be issued once verification has been received from all parties involved in the transaction.

EMPLOYEE SIGNATURE

DATE