

**Direct Deposit Authorization Form**



**Just Got Paid Use Only**

Date \_\_\_\_\_  
Client # \_\_\_\_\_  
Employee # \_\_\_\_\_  
Verified By \_\_\_\_\_

**Employee Requirements:**

1. Complete Employee required information section
2. Complete Direct Deposit section to specify where what financial institution pay will be deposited
3. Sign form at bottom - employee signature
4. One copy is retained by employee and the original is given to employer

**Employer Instructions:**

1. Complete employer required information section.
2. Please return this form to Just Got Paid office.

**Required Employee Information**

Employee Name \_\_\_\_\_  
Social Security # \_\_\_\_\_  
\*please print

**Required Employer Information**

Company Name \_\_\_\_\_  
Client Number \_\_\_\_\_  
Federal ID Number \_\_\_\_\_  
\*please print

**Direct Deposit Information**

*I authorize my employer to deposit my wages/salary to the following bank account(s) and to deposit any credit amounts owed me by initiating credit entries to my account at the financial institution indicated below. Further, I authorize the Bank to accept and credit any entries indicated by Just Got Paid on behalf of the Company to my account. In the event that the company deposits funds erroneously into my account, I authorize the Company to debit my account for an amount not to exceed the original amount of the erroneous credit.*

**Bank Name:**

**I wish to deposit (check one):**

- Entire Net Pay
- \_\_\_\_\_ % of Net
- Specific Dollar Amount \$ \_\_\_\_\_,00
- Checking
- Savings

**Please attach one of the following (check one):**

- Voided Check (**deposit slips not accepted**)
- Bank letter or specification sheet (ask your local bank representative)

**Bank Acct #2**

**Bank Name:**

**I wish to deposit (check one):**

- Remainder of Net Pay
- \_\_\_\_\_ % of Net
- Specific Dollar Amount \$ \_\_\_\_\_,00
- Checking
- Savings

**Please attach one of the following (check one):**

- Voided Check (**deposit slips not accepted**)
- Bank letter or specification sheet (ask your local bank representative)

*This authorization is to remain in effect until the Company and Bank have received written notice from me of its termination in such time and in such manner as to afford the Company and Bank a reasonable opportunity to act on it. The undersigned agrees that all entries initiated hereunder are to be governed by the Rules of the National Clearing House Assoc. (NACHA) and agree to be bound thereby.*

**Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*By signing above, I am agreeing that I am the account holder or have the authority of the account holder to authorize my employer to make direct deposits into specified account.*

**Accountholder Signature** \_\_\_\_\_

*If employee does not have authority to authorize deposits to the accountholders account.*