

# Authorization for Direct Deposit - Employee Form

This authorizes Lorraine Darling, CPA to send credit entries (and appropriate debit and adjustment entries for any transactions made in error), electronically or by any other commercially accepted method, to my account(s) indicated below. This authorizes the financial institution holding the Account to post all such entries.

## 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 #

\_\_\_\_\_  
Percentage or Dollar Amount to be Deposited to This Account

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\*Changes to your direct deposit allocation information must be made in writing on the Direct Deposit Authorization form\*

**I understand it may take up to 14 day before my direct deposit request is active.**

**Please Attach**

**~ a voided check or copy of a check**

**or**

**~a copy of a Financial Institution Verification Document**

**Note: Incomplete or unacceptable information will delay the start of your direct deposit(s).**