



DIRECT DEPOSIT

Employee Authorization Form

Please complete the following (please print):

Employee Name

Employer Name

Bank Name/City and State

ABA Routing Number (9 digits) Account Number

Type of Account: Amount to be deposited:

_____ Checking

_____ Savings

_____ Entire Check

Please attach cancelled check below:

**** Attach cancelled check here****

No Deposit Slips Accepted

I authorize my employer, Just Payroll Inc., and the above referenced financial institution to deposit my pay automatically into the account listed above. I also authorize adjusting entries as may be required.

X _____

Employee Signature

_____/_____/_____

Date