



A Sheakley Company

Direct Deposit Authorization Agreement

(Make one copy for each employee requesting direct deposit)

_____ New Deposit Set Up

_____ Change Deposit Information

Employee Name _____

Social Security Number _____ Client # _____

Bank Information:

Please deposit my paycheck into my **checking** account _____ % of net or _____ \$ amount

Please deposit my paycheck into my **savings** account _____ % of net or _____ \$ amount

Please **stop** my direct deposit

Bank Name _____

Address _____

Please provide the following information:

ACH Routing (transit number) _____ (9 digits)

Checking Account Number _____

Savings Account Number _____

Bank Information:

Please deposit my paycheck into my **checking** account _____ % of net or _____ \$ amount

Please deposit my paycheck into my **savings** account _____ % of net or _____ \$ amount

Please **stop** my direct deposit

Bank Name _____

Address _____

Please provide the following information:

ACH Routing (transit number) _____ (9 digits)

Checking Account Number _____

Savings Account Number _____

I hereby authorize my employer, to deposit any amount owed to me for wages by initiation of credit entries to my account at the financial institution ("Bank") indicated above.

Further, I authorize Bank to accept and credit any credit entries indicated by employer to my account. In the event that my employer deposits funds erroneously into my account I authorize my employer to debit my account for an amount not to exceed the original amount of the erroneous credit. This authorization is to remain in full force and effect until my employer receives written notice from me of its termination in such time and in such a manner as to afford reasonable opportunity to act on it.

Employee Signature _____ Date _____

It will take at least two (2) pay cycles before your paycheck is directly deposited to your account. Always check your pay stub or your account to verify that your deposit has been posted.

Please attach a voided check here
