



Updated May, 2010

EMPLOYEE AUTHORIZATION FOR DIRECT DEPOSIT

New Information *Update Information*

Company/Employer _____

Employee Name _____

(Please PRINT CLEARLY)

I hereby authorize my employer to initiate credit entries and to initiate if necessary, debit entries and adjustments for any credit entries in error to my (our) account(s) listed below. This authority is to remain in full force and effect until EMPLOYER has received written notification from account holder(s) of its termination in such time and manner as to afford EMPLOYER reasonable opportunity and time to act on it.

Signature _____

Date _____

***IF YOU CLOSE OR CHANGE YOUR BANK ACCOUNT, PLEASE NOTIFY ASAP AT 970-728-6777**

Name of Bank, Savings, Loan, or Credit Union

Branch /Phone #

Routing/Transit Number

Type of Account

Checking _____ %
Saving _____ %

Account Number

Name of Bank, Savings, Loan, or Credit Union

Branch /Phone #

Routing/Transit Number

Type of Account

Checking _____ %
Saving _____ %

Account Number

If you have more than two accounts you wish to enroll in Direct Deposit, please attach additional Form.

****PLEASE ATTACH COPY(S) OF A VOIDED CHECK(S)**

Please return this form and any attachments to our payroll staff.

payroll@businessASAP.com

Fax: 970.728.6848

Phone: 970-728-6777

All forms are available for download at www.businessASAP.com