## **Direct Deposit Authorization Form**

Work-Site Employer:		Telephone	No.:	
Employee Name:				
my checking account a Upon notification, I auth the amount of the exce	nd/or deposit s norize Pay-Tec ss payment.	lip for my savings account so ba	ank account(s) listed below. I have a ank transit and account numbers ca ment or overpayment to my account( written authorization from me of its to	n be verified. (s) by withdrawing funds in
Employee Signature: _			Date:	_
Note: You can put a set is a must to process.	amount or the	whole check to a specific accou	unt. For every account setup on dire	ect deposit a voided check
Financial Institution/A	ccount Numb	er(s):		
Account 1.	_Checking □	Savings ☐ Amount Deposited:	Routing Number:	
Account 2.	_Checking □	Savings ☐ Amount Deposited:	Routing Number:	
Account 3.	_Checking □	Savings ☐ Amount Deposited:	Routing Number:	
Account 4.	Checking 🛚	Savings   Amount Deposited:	Routing Number:	
	•		ders sign checks or authorize payme's direct deposit authorization by s	
Name of Joint Account	Holder:			
ATTACH VOIDED CHE				

**VOIDED CHECK(s)** 

3420 E. Shea Blvd #170 A Phoenix, Arizona 85028 A Phone 602.788.1317 / 800.972.6064 A Fax 602.971.6022 A pay-tech.com