

New Hire Direct Deposit Agreement

Please complete the form below to authorize direct deposit of your paychecks. All information will be kept confidential and used only for payroll purposes.

Employee Name:

Employee ID:

Bank Name:

Account Type:

Routing Number:

Account Number:

☐ I authorize [Company Name] to deposit my wages directly to the account(s) noted above.

Employee Signature:

Date:

Submit