

Employee Name (Print): \_\_\_\_\_

Employee #: \_\_\_\_\_

Photocopy this form and distribute a copy to each employee participating in Direct Deposit.

# Employee Direct Deposit Authorization Form

**Account One**

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Bank City, State, Zip \_\_\_\_\_

Routing & Transit No. \_\_\_\_\_

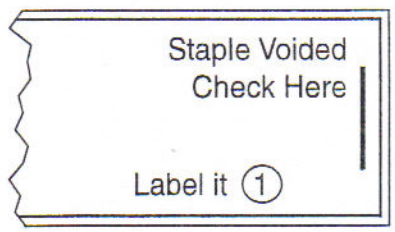
Account No. \_\_\_\_\_

Savings

Checking

Amount for this account: \_\_\_\_\_

REMAINDER



**Account Two**

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Bank City, State, Zip \_\_\_\_\_

Routing & Transit No. \_\_\_\_\_

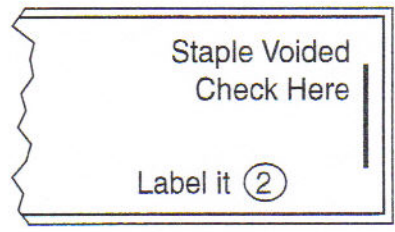
Account No. \_\_\_\_\_

Savings

Checking

Amount for this account: \_\_\_\_\_

REMAINDER



**Account Three**

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Bank City, State, Zip \_\_\_\_\_

Routing & Transit No. \_\_\_\_\_

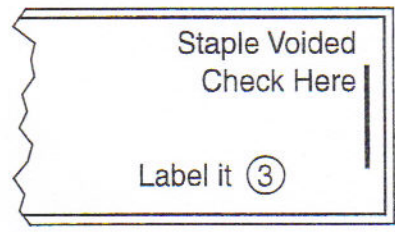
Account No. \_\_\_\_\_

Savings

Checking

Amount for this account: \_\_\_\_\_

REMAINDER



**Account Four**

Bank Name \_\_\_\_\_

Bank Address \_\_\_\_\_

Bank City, State, Zip \_\_\_\_\_

Routing & Transit No. \_\_\_\_\_

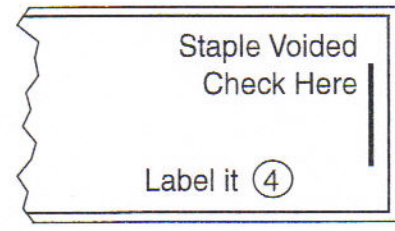
Account No. \_\_\_\_\_

Savings

Checking

Amount for this account: \_\_\_\_\_

REMAINDER



I authorize my employer, THE ARC OF EAST CENTRAL IOWA, and its Agents, including Financial Institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts listed above. This authorization will remain in affect until I have informed my employer in writing that I wish to cancel it and my employer has had reasonable time to effect such cancellation.

Employee Signature \_\_\_\_\_

Date \_\_\_\_\_

To be retained by Employer.