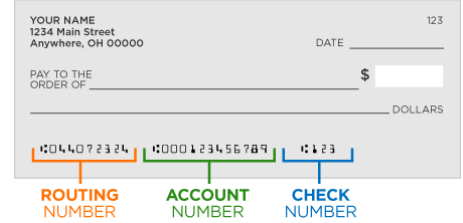


# Direct Deposit Authorization

Employee Name: \_\_\_\_\_

Worksite Employer: \_\_\_\_\_

Social Security No: \_\_\_\_\_



Multiple accounts allowed, including but not limited to checking, savings, money markets, and pay cards.

## Attention - Required

A voided check copy or bank document **MUST** accompany this form or account will not be set up. Hand written account / routing numbers will not be accepted, all information must be bank generated for accuracy. Deposit slips are not acceptable.

Check One:  New Account(s)  Change of Account(s) (replaces existing)  Cancellation of Account(s)

Account:  Checking  Savings

Bank Name/Location: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Entire Check  Flat Amount  Percentage

Indicate Flat Amt. or Percentage if Selected: \_\_\_\_\_

Account:  Checking  Savings

Bank Name/Location: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Entire Check  Flat Amount  Percentage

Indicate Flat Amt. or Percentage if Selected: \_\_\_\_\_

Account:  Checking  Savings

Bank Name/Location: \_\_\_\_\_

Routing Number: \_\_\_\_\_ Account Number: \_\_\_\_\_

Entire Check  Flat Amount  Percentage

Indicate Flat Amt. or Percentage if Selected: \_\_\_\_\_

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

By signing I authorize IES to deposit my pay directly into the designated account(s). If funds in which I am not entitled to are deposited into my account, IES has the authority to withdraw said funds with or without notice to the employee.

