



Check One: <input type="checkbox"/> Start <input type="checkbox"/> Stop <input type="checkbox"/> Change

DIRECT DEPOSIT AUTHORIZATION	
Name (Last, First, Middle Initial)	Your Employer
Social Security Number:	

Account One		
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Bank Routing Number:	Account Number:
What would you like deposited in this account? <input type="checkbox"/> Your entire check <input type="checkbox"/> A set amount: \$ _____ or <input type="checkbox"/> a Percentage: ____%		

Account Two		
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Bank Routing Number:	Account Number:
What would you like deposited in this account? <input type="checkbox"/> Your entire check <input type="checkbox"/> A set amount: \$ _____ or <input type="checkbox"/> a Percentage: ____%		

Account Three		
Type of Account: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	ABA Bank Routing Number:	Account Number:
What would you like deposited in this account? <input type="checkbox"/> Balance of check		

**✓ Attach a voided check or photocopy of a check for checking accounts
DO NOT ATTACH A DEPOSIT SLIP**

I authorize Complete Payroll, Inc. to direct deposit funds to my account in the financial institution(s) listed above. If funds to which I am not entitled are deposited in my account, I authorize Complete Payroll, Inc. to initiate a correcting (debit) entry. I understand that the authorization may be rejected or discontinued by Complete Payroll, Inc. at any time. If any of the above information changes, I will promptly complete a new authorization agreement. If the direct deposit is not stopped before closing an account, funds payable to you will be returned to your employer for distribution. This will delay your check.	
Employee signature	Date