



EMPLOYEE DIRECT DEPOSIT AUTHORIZATION New Hampshire

Print Employee Full Name: _____

Email Address (required): _____

CHECKING ACCOUNTS *Attach a voided check for each account.

_____	_____	Deposit: Net Pay / Amount or Percentage _____
Bank Routing #	Your checking Acct #	(Please circle one)

_____	_____	Deposit: Net Pay / Amount or Percentage _____
Bank Routing #	Your checking Acct #	(Please circle one)

SAVINGS ACCOUNTS. *Deposit slips can NOT be used.

_____	_____	Deposit: Net Pay / Amount or Percentage _____
Bank Routing #	Your Savings Acct #	(Please circle one)

_____	_____	Deposit: Net Pay / Amount or Percentage _____
Bank Routing #	Your Savings Acct #	(Please circle one)

I wish to have my employer deposit my net pay and/or a fixed amount or percentage each payday directly to my account(s) as indicated above. I agree to notify my employer immediately of any changes to the information so that my pay may be properly distributed. I understand that in the event my employer notifies my financial institution that I am not entitled to the funds deposited to my account, my bank is authorized to debit my account for the amount of the adjustment. I understand that in the event my financial institution is not able to deposit any electronic transfer into my account due to any action I take; that I am responsible for any resulting bank fees incurred, and that my employer cannot issue the payroll funds to me until the funds are returned to my employer by my financial institution. **Please note that new or changed direct deposits take 2-3 weeks for processing after this form has been submitted.**

Employee Signature _____

Date _____