

AUTHORIZATION FOR DIRECT DEPOSIT

Company Name: _____

Employee Name: _____

Employee Number: _____

*Financial Institution Routing/ABA/Transit#)	Type of Account Savings or Checking	Account #
_____	_____	_____

***Nine digit number preceding account number on checks. Attach a copy of a voided check and mail to Safeguard Accounting.**

For deposits to a savings account you must include the full bank name, address, and phone number where your account is established. See below:

NAME OF BANK

ADDRESS OF BANK

CITY, STATE, ZIP CODE

BANK PHONE NUMBER

I hereby authorize my employer, _____, to direct deposit my
(Print Full Company Name)_
entire check into the account listed above.

Employee Signature

Date

PLEASE NOTE: It will take approximately one month for the direct deposit to take effect after submitting your authorization.

DO NOT MAINTAIN A COPY OF A COMPLETED FORM IN THE PERSONNEL FILE. THE ORIGINAL MUST BE SUBMITTED TO SAFEGUARD ACCOUNTING SOLUTIONS WITH THE VOIDED CHECK.

IF AN EMPLOYEE CHOOSES NOT TO TAKE DIRECT DEPOSIT, THEY MUST PLACE AN X ON THE LINE BELOW AND SIGN ABOVE. A COPY MUST BE FILED IN THE PERSONNEL FILE TO DEMONSTRATE PROOF OF THE OPTION GIVEN TO THE EMPLOYEE.

_____ I choose not to participate with Direct Deposit