

DIRECT DEPOSIT AUTHORIZATION

DATA SERVICE CENTER, INC.

CLIENT NUMBER: _____

*This authorization form is used for the direct deposit of your payroll check. Employees requesting direct deposit must complete and sign the form, which the payroll department will keep on file. Employees need to **ATTACH A VOIDED CHECK** from their bank account to verify information on the authorization form. Notice that the form can be used to split deposits. You may want to have part of your pay deposited into your checking account and part deposited into your savings account, even at another bank.*

Employer Name: _____

Location: _____

I hereby authorize my Employer to initiate credit entries and to initiate, if necessary, debit entries and adjustments for any credit entries in error, to my account or accounts listed below.

Bank Name	Bank Routing Number	Bank Account Number	Checking - 1 Savings - 2	Flat Amount Deposited	- or - % of Paycheck Deposited
			TOTAL		

This authorization will remain in full force until the Employer has received written notification of its termination in such timely manner as to afford the Employer and the Financial Institution a reasonable opportunity to act on it. We will allow one change/termination per calendar quarter.

Employee Name: _____

Employee Clock Number: _____

Signature: _____

Date: _____