Payroll Direct Deposit Authorization

Employee Name: _____

Employee #: _____

I authorize Gadabout and the financial institution(s) listed below to deposit my pay automatically to the indicated account(s) and to make adjusting entries as may be required.

∗ ∗WRITE VERY CLEARLY…DO NOT RUN NUMBERS INTO EACH OTHER!

Name of Bank / Credit Union	Routing #	Type	$ Amount	Account #
		Checking Savings HSA		
		Checking Savings HSA		

Please Check One:

◊ **New** All Existing direct deposits remain the same.

◊ **Replace** Account Number to be replaced: _____

◊ **Other** Please explain: _____

Attach a VOIDED CHECK or your BANK'S DIRECT DEPOSIT FORM for verification on each Direct Deposit.

It is my responsibility to verify deposits on a pay period basis and I understand that neither Gadabout nor the payroll processing company is responsible for any bank errors and/or fees. I may cancel these Direct Deposit(s) at any time, but cancelation must be via written instructions to Gadabout Payroll.

Employee Signature _____ Date _____

SAMPLE VOIDED CHECK FOR DIRECT DEPOSIT

Voided check must have printed name and address or you must use a bank issued direct deposit form