

## Direct Deposit Authorization

I hereby authorize my employer to direct deposit my pay in the bank account(s) listed below and in the percentages or amounts specified. This authorization is to remain in force until Star Payroll has received written authorization from me of its termination or changes. Also, I grant my employer the right to correct any overpayment to me by debiting my account to the extent of such overpayment. I understand that neither my employer, nor Star Payroll, is responsible for bank errors or bank fees. It is my responsibility to verify funds availability on a per pay period basis before writing checks against these funds. It may take up to 2 business days after payday for funds to be available.

Company Name	
Employee Name	Telephone (     )
Mailing Address, City, State, Zip	
Signature	Social Security Number

Account #1                      Checking \_\_\_\_\_ Savings \_\_\_\_\_

Financial Institution	Telephone (     )
Branch	
Account Number	Percent or amount of pay to be deposited
<i>Company Use Only:</i> Bank / ABA Number	

Account #2                      Checking \_\_\_\_\_ Savings \_\_\_\_\_

Financial Institution	Telephone (     )
Branch	
Account Number	Percent or amount of pay to be deposited
<i>Company Use Only:</i> Bank / ABA Number	

Account #3                      Checking \_\_\_\_\_ Savings \_\_\_\_\_

Financial Institution	Telephone (     )
Branch	
Account Number	Percent or amount of pay to be deposited
<i>Company Use Only:</i> Bank / ABA Number	

*For Checking Accounts:*

Attach a voided check.

*For Savings Accounts and Credit Unions:*

Attach a letter from your bank with the routing and account numbers to be used for Direct Deposit processing.