

DIRECT DEPOSIT AUTHORIZATION FORM

Employer Name _____
 Employee Name _____ Last 4 of SS Number _____

Direct Deposit #1	Checking Savings	Specify One
Bank Name	_____	_____ % of Net Pay
Routing #	_____	\$ _____ of Net Pay
Account #	_____	

Direct Deposit #2	Checking Savings	Specify One
Bank Name	_____	_____ % of Net Pay
Routing #	_____	\$ _____ of Net Pay
Account #	_____	

Direct Deposit #3	Checking Savings	Specify One
Bank Name	_____	_____ % of Net Pay
Routing #	_____	\$ _____ of Net Pay
Account #	_____	

I authorize iSolved, on behalf of my employer, to direct deposit funds to my account(s) at the financial institution(s) listed above each pay period. If funds to which I am NOT entitled are deposited in my account(s), I authorize iSolved to initiate a debiting entry to collect any overpayments.

Employee Signature _____ Date _____

To ensure accuracy, please attach a voided check or a copy of a check for each financial institution.
Important Note: Deposit tickets generally are not imprinted with the bank's required external ACH routing number and can NOT be used for setting up an employee pay check direct deposit.

Attach a copy of a VOIDED CHECK here with your financial institution's ACH routing and Account number