



**Employee Direct Deposit Authorization Agreement**

**PAYROLL**

I hereby authorize my employer, Gateways Community Services, (hereinafter COMPANY) to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter BANK) indicated below. Further, I authorize BANK to accept and to credit any entries indicated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.

**EMPLOYEE INFORMATION**

Employee Name *(please print)* \_\_\_\_\_ Social Security Number \_\_\_\_\_

Begin Deposit

Change Information

Cancel

1) Bank Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Checking (attach void check)

I wish to deposit (check one) \_\_\_\_\_ .00 or  Entire Net Pay

Savings (attach deposit slip)

I wish to deposit (check one) \_\_\_\_\_ .00 or  Entire Net Pay

2) Bank Name \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Checking (attach void check)

I wish to deposit (check one) \_\_\_\_\_ .00 or  Entire Net Pay

Savings (attach deposit slip)

I wish to deposit (check one) \_\_\_\_\_ .00 or  Entire Net Pay

This authorization is to remain in full force and effect until COMPANY and BANK have received written notice from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Employee Signature \_\_\_\_\_ Date \_\_\_\_\_