



Direct Deposit Authorization Agreement

Date Received Stamp:

I hereby authorize my employer, Gateways Community Services, to deposit any amounts owed to me by initiating credit entries to my account at the financial institution(s) indicated below. Further, I authorize the financial institution to accept and to credit any entries indicated by Gateways Community Services to my account. In the event that Gateways Community Services deposits funds erroneously into my account, I authorize Gateways Community Services 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 #: _____

Address: _____ City: _____ State: _____ ZIP: _____

Phone Number: _____ Email: _____

Bank Account #1 Information: ****PLEASE ATTACH A VOIDED CHECK OR BANK SPECIFICATION SHEET

1) **Bank Name:** _____ **City:** _____ **State:** _____

Begin Direct Deposit **Routing Number:** _____

Cancel Direct Deposit **Account Number:** _____

Use this account for
 Payroll
 Mileage/Expense
(if applicable) Flat Amount \$ _____ .00
 Entire Net Pay

Joe Smith
1234 Anystreet Court
Anycity, AA 12345 1234

Pay to the order of _____ Dollars

Bank Anywhere
123456789 123456789123 | 1234

Routing Number
Account Number
Check Number

Bank Account #2 Information: ****PLEASE ATTACH A VOIDED CHECK OR BANK SPECIFICATION SHEET

2) **Bank Name:** _____ **City:** _____ **State:** _____

Begin Direct Deposit **Routing Number:** _____

Cancel Direct Deposit **Account Number:** _____

Use this account for
 Payroll
 Mileage/Expense
(if applicable) Flat Amount \$ _____ .00
 Entire Net Pay

Joe Smith
1234 Anystreet Court
Anycity, AA 12345 1234

Pay to the order of _____ Dollars

Bank Anywhere
123456789 123456789123 | 1234

Routing Number
Account Number
Check Number

This authorization is to remain in full force and effect until Gateways Community Services and the financial institution have received written notice from me of my termination in such time and in such manner as to afford Gateways Community Services and the financial institution a reasonable opportunity to act on it.

Employee Signature: _____ Date: _____

