



Official Payroll Use Only:	
Date Processed	_____
Processor Initials	_____
Date Reviewed	_____
Reviewer Initials	_____

Direct Deposit Authorization Form

Authorization Agreement

I hereby authorize and request **BDB Payroll Service, Inc.** to initiate automatic deposits into my account(s) at the financial institution(s) named below. I also authorize **BDB Payroll Service, Inc.** to make withdrawals from same account(s) in the event that a credit entry is made in error. Further, I agree not to hold my employer or **BDB Payroll Service, Inc.** responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account. This agreement will remain in effect until **BDB Payroll Service, Inc.** receives a written notice of cancellation from me or my financial institution, or until I submit a replacement direct deposit form.

Company Required Information

BDB Company Code _____ Company Name _____

Employee Required Information

Employee Name _____ Employee ID Number _____
 Last four digits of SSN _____

Account # 1 Information

Account Type: Checking Savings

Name of Financial Institution _____

ABA/Routing Number _____ Account Number _____

I wish to deposit (check one): Remainder of Net Pay Flat \$ Amount: _____

Please attach one of the following for Checking or Savings accounts (check one):
 Voided Check with name imprinted Bank Letter or Specification Sheet

Account # 2 Information

Account Type: Checking Savings

Name of Financial Institution _____

ABA/Routing Number _____ Account Number _____

I wish to deposit (check one): Remainder of Net Pay Flat \$ Amount: _____

Please attach one of the following for Checking or Savings accounts (check one):
 Voided Check with name imprinted Bank Letter or Specification Sheet

Signature

Employee Signature: _____