

Direct Deposit Authorization Form

Schedule your payment to be automatically deposited to your checking or savings account(s). Just complete and sign this form to get started.

Please complete the information below:

I hereby authorize Revolution Payroll to electronically deposit funds into the checking or savings account(s) at the financial institution(s) indicated below, and if necessary, initiate adjustments for any transactions credited or debited in error. I also certify that my account allows these transactions, and that I am authorized to initiate direct deposits to the accounts listed.

Employee Name _____

Address _____

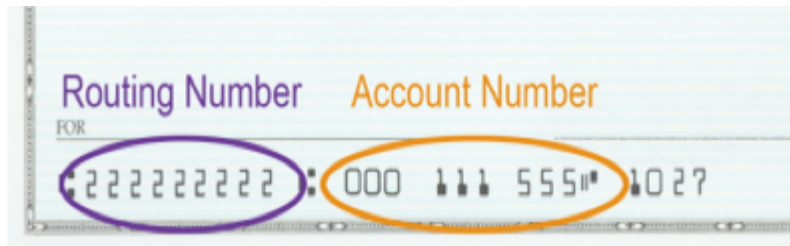
Phone _____

City, State, Zip _____

E-mail _____

Signature _____

Date _____



Account #1		Account #2	
Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings	Account Type:	<input type="checkbox"/> Checking <input type="checkbox"/> Savings
Bank Routing #	_____	Bank Routing #	_____
Account Number	_____	Account Number	_____
Name on Account	_____	Name on Account	_____
Bank Name	_____	Bank Name	_____
Bank City/State	_____	Bank City/State	_____
Amt. to Deposit	_____ OR % _____	Amt. to Deposit	_____ Remaining Balance