

Employee Direct Deposit Authorization Form

Use this form to sign up you employees with direct deposit

Client Name: Greystones Consulting Group, LLC Client Code: _____

Employee Name: _____
 Authorize my employer, Greystones Consulting Group and its Agents, including Financial Institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts listed below. This authorization will remain in effect until I have informed my employer in writing that I wish to cancel it and my employer has had reasonable time to effect such cancellation.
 Revise direct deposit bank account(s) as indicated below.

I understand I should contact my bank to verify receipt of funds.

Employee's Signature: _____ Date: _____

	Remaining Balance to 1 st Account <input type="checkbox"/>	Use Amount <input type="checkbox"/>	Use Percentage <input type="checkbox"/>		
Pay Order	Bank Name/Address/Phone	Acct. Type	Routing Number	Account Number	Amount/Percentage
1	_____	Ckg <input type="checkbox"/> Sav <input type="checkbox"/>			
2	_____	Ckg <input type="checkbox"/> Sav <input type="checkbox"/>			
3	_____	Ckg <input type="checkbox"/> Sav <input type="checkbox"/>			

Please attach a voided check or deposit slip for each bank account to which funds will be deposited.

NAME _____ 0324

_____ 20 _____

Pay to the order of _____ \$ _____

_____ Dollars

Bank _____

Memo _____

⑆1 2 3 4 5 6 7 8 9⑆ 0 2 2 9 9 9 9 9 9 9 9 ⑆ 0 3 2 4

Example Routing Number: 123456789 Example Account Number: 022999999999