



**Direct Deposit  
Employee Authorization**

<b>Company Name:</b>	
<b>Employee Name:</b>	Employee Number:

SAVINGS ACCOUNT DIRECT DEPOSITS WILL NOT BE ENTERED AND YOU WILL NOT BE NOTIFIED UNLESS THERE IS A LETTER ON OFFICIAL BANK STATIONARY DETAILING THE ROUTING & ACCOUNT NUMBERS OF THE SAVING ACCOUNT. **DEPOSIT SLIPS ARE NOT ACCEPTED.**

Bank/Credit Union	State	Type Circle One	Amount Percentage Circle One	Account Number	Routing Number
		Ckg Sav			
		Ckg Sav			
		Ckg Sav			

**Please Check One:**

<input type="checkbox"/>	New or Additional Direct Deposit
<input type="checkbox"/>	Change the Bank or Account Number on an Existing Direct Deposit
<input type="checkbox"/>	Change the Amount of an Existing Direct Deposit - Amount was:                      Amount Changed to:
<input type="checkbox"/>	Other, Please Explain:

**PLEASE ATTACH A VOIDED FOR THE DIRECT DEPOSIT BANK ACCOUNT AS VERIFICATION FOR EACH REQUEST**

It is my responsibility to verify deposits on a per day period basis before writing checks against these funds. This Authorization can take up to three pay periods to activate. I understand that neither my employer nor Simplifi Payroll & HR is responsible for bank errors or fees. I may cancel this Direct Deposit(s) at any time.

**Signature:**

**Date:**