



**Direct Deposit  
Employee Authorization**

Company Name:	
Employee Name:	Employee Number:

Name of Financial Institution	Type Circle One	Flat Amount or Percentage	Routing Number	Account Number
	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 pay 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: \_\_\_\_\_