



65 Bartlett Ave.
 Pittsfield, MA 01201
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Direct Deposit Employee Authorization

Company Name:	Department Name (if applicable):
Employee Name:	

I authorize you and the financial institution(s) listed below to deposit my pay automatically to the indicated account(s) and to make adjusting entries as may be required.

Bank Name & Routing Number	State	Type Circle One	Amount Percentage Circle One	Account 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	Account Number to be replaced:	
<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 CHECK FOR THE DIRECT DEPOSIT BANK ACCOUNT AS VERIFICATION FOR EACH REQUEST (a deposit slip will not work)

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 Adirondack Payroll is responsible for bank errors or fees. I may cancel this Direct Deposit(s) at any time with written notice submitted to my employer.

Signature: _____

Date: _____