

CLC ADMINISTRATIVE SERVICES, INC.

DIRECT DEPOSIT AUTHORIZATION

Please accept this as an authorization to deposit my payroll funds into the following account

Date: _____

❖ **PRIMARY ACCOUNT INFORMATION- all bank information must be completed & provided by the employee**

Add as a new account

Delete account (Stop Direct Deposit)

Financial Institution Name: _____ City: _____ State: _____

Routing #: _____ **Checking or Savings** (circle one)

Account #: _____ Amount/Percent of Deposit: \$ _____

❖ **SECONDARY ACCOUNT INFORMATION- all bank information must be completed & provided by the employee**

Add as a new account

Delete account (Stop Direct Deposit)

Financial Institution Name: _____ City: _____ State: _____

Routing #: _____ **Checking or Savings** (circle one)

Account #: _____ Amount/Percent of Deposit: \$ _____

❖ **SECONDARY ACCOUNT INFORMATION (NOTE: Maximum of three accounts)- all bank information must be completed & provided by the employee**

Add as a new account

Delete account (Stop Direct Deposit)

Financial Institution Name: _____ City: _____ State: _____

Routing #: _____ **Checking or Savings** (circle one)

Account #: _____ Amount/Percent of Deposit: \$ _____

*****Please provide a voided check or information from bank for verifying routing and account number*****

Employee Name (please print): _____

Employee Social Security No.: _____ Employee ID: _____

Employee Name Signature: _____