

Direct Deposit Authorization Form



EMPLOYER NAME	
EMPLOYEE NAME	SOCIAL SECURITY NO.

Direct Deposit #1 Bank Name _____ Routing # _____ Account # _____	Specify One \$ _____ of Net Pay _____ % of Net Pay
Direct Deposit #2 Bank Name _____ Routing # _____ Account # _____	\$ _____ of Net Pay _____ % of Net Pay
Direct Deposit #3 Bank Name _____ Routing # _____ Account # _____	\$ _____ of Net Pay _____ % of Net Pay

I authorize ExcelPay, on behalf of my employer, to direct deposit funds to my account(s) at the financial institution(s) listed above each pay period. If funds to which I am not entitled are deposited in my account(s), I authorize ExcelPay to initiate a correcting (debit) entry to correct any overpayments.

Employee Signature: _____ Date: _____

To ensure accuracy in setting up your direct deposit request(s) please attach a voided check or a copy of a check for each financial institution. ***Important Note: Deposit Tickets generally are imprinted with the bank's internal processing numbers (not the required ACH routing #) and can NOT be used for setting up an employee pay check direct deposit.***

Attach here a copy of a CHECK with your bank's ACH routing number.

Fax To ExcelPay @ 770-508-1425