

Authorization Agreement for Direct Deposits of Payroll

Company or Employer Name: _____

AUTHORIZATION AGREEMENT

I authorize Bangor Payroll to deposit my earnings into the bank account(s) specified below and, if necessary, to electronically debit my account to correct erroneous entries. I certify my account(s) allow these transactions. Furthermore, I certify that the below listed account number accurately reflects my intended receiving account. I agree that direct deposit transactions I authorize comply with all applicable laws. My signature below indicates that I am agreeing that I am either the account holder or have the authority of the account holder to authorize my employer/company to make direct deposits into the named account.

Employee/Worker Printed Name: _____

Employee/Worker Signature: _____

Date: _____

Note: Digital or Electronic Signatures are not acceptable

ACCOUNT INFORMATION

For a checking account, attach a voided check, not a deposit slip. If you don't have a check or are using a savings account, ask your bank to give you a bank issued document showing the Routing Number and Account Number for your account.

Account 1 Financial Institution: _____

Routing Number: _____ (use all 9 digits) Checking ☐ Savings ☐

Account Number: _____

☐ Specific Amount \$ _____

☐ Deposit Net Amount of Check

☐ Discontinue Deposit to This Account

☐ Change Deposit Amount from \$ _____ to \$ _____

Account 2 Financial Institution: _____

Routing Number: _____ (use all 9 digits) Checking ☐ Savings ☐

Account Number: _____

☐ Specific Amount \$ _____

☐ Deposit Net Amount of Check

☐ Discontinue Deposit to This Account

☐ Change Deposit Amount from \$ _____ to \$ _____

Return completed form to employer for submission