

Direct Deposit Authorization Forms

Employee Name: _____

Birthday: _____

Email Address: _____

Hire Date: _____

I hereby authorize ADVANCED ANIMAL CARE/ADVANCED ANIMAL CARE/WACO ANIMAL CLINIC to deposit my pay directly into the bank account(s) listed below. I have attached a voided check or deposit slip for each account so bank transit and account numbers can be verified.

I also authorize ADVANCED ANIMAL CARE/WACO ANIMAL CLINIC to correct any erroneous payment or overpayment to my account(s) by withdrawing funds in the amount of the excess payment.

This authorization remains in effect until ADVANCED ANIMAL CARE/WACO ANIMAL CLINIC has received written authorization from me of its termination or change.

Employee Signature: _____

Date: _____

NOTE: If your joint account requires both account holders to sign checks or authorize payments, the joint account holder must indicate their agreement with the above terms by signing below:

Financial Institution/Account Number(s):

Routing Number

Account Number

Account 1:

Routing Number

Account Number

Account 2:

Please print

Name of Joint Account Holder: _____

Signature of Joint Account Holder:

Date:

Account Information – Form for Account 1

Complete only this form for Account 1 if you want all of your pay deposited into a single account. If you want your pay per pay period deposited into two accounts, complete both this form for Account 1 and the form for Account 2.

Account Type

☐ Checking ☐ Savings (*Select one*)

Name of Financial Institution:

City, State, and Zip Code

Street Address

Address of Financial Institution:

Telephone Number for Financial Institution:

Percentage or Amount per Pay Period to Deposit for this Account:

(examples: 100%; \$350)

(Use when pay is split between two accounts)

Routing Number

Account Number

Confirm Account 1:

Company Use Only—Bank/ABA Number:

Account Information – Form for Account 2

Complete this form in addition to the form for Account 1 if you want your pay per pay period deposited into two accounts. Do not complete this form if you want all of your pay deposited into a single account.

Account Type

☐ Checking ☐ Savings *(Select one)*

Name of Financial Institution:

City, State, and Zip Code

Street Address

Address of Financial Institution:

Telephone Number for Financial Institution:

Percentage or Amount per Pay Period to Deposit for this Account:

(examples: 100%; \$350)

(Use when pay is split between two accounts)

Routing Number

Account Number

Confirm Account 2:

Company Use Only—Bank/ABA Number: