

Direct Deposit Authorization Form

Employee Name:

I hereby authorize TOP DOCS INC to deposit my pay directly into the bank account(s) listed below. I have attached a voided check for each account so bank transit and account numbers can be verified.

I also authorize TOP DOCS INC 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 TOP DOCS INC has received written authorization from me of its termination or change.

Employee Signature:

Date:

PLEASE ATTACH A VOIDED CHECK.
Deposit Slips are not accepted.

NOTE: In the case of direct deposits to joint accounts that require both account holders to sign checks or authorize payments, the other account holder must indicate his or her agreement with above terms and the employee's direct deposit authorization by signing below:

Financial Institution/Account Number(s):

Account 1. _____ / _____

Account 2. _____ / _____

Name of Joint Account Holder:

Signature of Joint Account Holder:

Date:

Account Information

Fill out both of the following forms if you want to split your pay between two accounts. Fill out only the first form (Account No. 1) if you want all your pay deposited to a single account.

Account No. 1:

1. Checking; Savings (Check only one)

2. Financial Institution:

3. Street Address:

4. City, State, and Zip Code:

5. Telephone for Financial Institution:

6. Percentage or Amount of Pay (Use when pay is split between two accounts):

7. Account Number:

8. **Company Use Only**—Bank/ABA Number:

Account No. 2:

1. ___ Checking; ___ Savings (Check only one)

2. Financial Institution:

3. Street Address:

4. City, State, and Zip Code:

5. Telephone for Financial Institution:

6. Percentage or Amount of Pay:

7. Account Number:

8. **Company Use Only**—Bank/ABA Number: