

Direct Deposit Authorization

Yellow Form
Updated 11/21

Organization's Name: _____

Effective Date: _____ Add employee Remove employee Change existing D.D. employee

Employee Full Name: _____

Bank Account # 1: Checking OR Savings
\$ _____ OR _____% Amount of your check to be direct deposited into your checking account.

Bank Account # 2 (Please confirm if your organization allows this option before completing this section): Checking OR Savings OR N/A
\$ _____ OR _____% Amount of your check to be direct deposited into your checking account.

In this space, please staple a voided check or attach a statement from your bank showing your name, bank routing number and bank account number from the account(s) to which you would like your payroll checks to be deposited.
Deposit slips are not acceptable.

It is understood and agreed upon that it is the responsibility of the employee to ensure that funds are deposited into his/her account prior to spending those funds. If for any reason your deposit is delayed, MM is not responsible for returned check fees and/or other penalties resulting from the delay in deposited funds. Federal banking laws prohibit the writing of checks or commitment of funds prior to an actual deposit being made. You are required to check your bank balance prior to using funds from your account every pay period.

Employee Initials: _____

Employee Authorization: _____ Date: _____

