



## Direct Deposit Authorization Form

Company Name:

\_\_\_\_\_

Employee Name:

\_\_\_\_\_

Telephone Number:

\_\_\_\_\_

Department:

\_\_\_\_\_

Employee Number:

\_\_\_\_\_

Division:

\_\_\_\_\_

I hereby authorize Compass-i, LLC to deposit my pay directly into the bank account(s) listed below. I have attached a voided check for my checking account and/or deposit slip for my savings account so bank transit and account numbers can be verified.

Upon notification, I authorize Compass-i, LLC to correct any erroneous payments or overpayments to my account(s) by withdrawing finds in the amount of excess payment.

This authorization remains in effect until Compass-i, LLC has received written authorization from me of its termination or change.

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Note: You can put set amounts or the whole check to a specific account. For every account setup on direct deposit a voided check us a must to process.**

Financial Institution	Account #	Routing #	Type of Account	Deposit Amount
1.			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
2.			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	
3.			<input type="checkbox"/> Checking <input type="checkbox"/> Savings	

Note: In the case of direct deposit to joint account(s) that both account holders sign checks or authorize payments, other account holder must indicate his/her agreement with the above term and the employee's direct deposit authorization by signing below.

Name of Joint Account Holder: \_\_\_\_\_

Signature of Joint Account Holder: \_\_\_\_\_ Date: \_\_\_\_\_

Attach Voided Check(s) Here