

Crossroads Accounting, LLC

Employee Direct Deposit Authorization Form

Instructions

Employee: Fill out and return to your employer
Employer: Forward completed form to mark@crossroadsaccountingllc.com, then save for your files.

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Employees should attach a voided check for each of their accounts to help verify their account numbers and bank routing numbers

Account 1

Account 1 Type: Checking
(Check One)

Savings

Financial Institution _____

Bank Routing Number (ABA Number) _____

Account Number _____

Percentage or dollar amount to be deposited into this account: _____

Account 2

Account 2 Type: Checking
(Check One)

Savings

Financial Institution _____

Bank Routing Number (ABA Number) _____

Account Number _____

Authorization (enter your company name in the blank space below)

This authorizes _____ (the "Company") to send credit entries (and appropriate debit and adjustment entries), electronically or by any other commercially accepted method, to my (our) account(s) indicated below and to other accounts I (we) identify in the future (the "Account"). This authorizes the financial institution holding the Account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the Company receives a written termination notice from myself and has a reasonable opportunity to act on it.

Authorized Signature: _____ Employee ID #: _____

Print Name: _____ Date: _____