

DIRECT DEPOSIT AUTHORIZATION

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This Direct Deposit Authorization (this "Authorization") is given as of [EFFECTIVE DATE] (the "Effective Date") by [EMPLOYEE FULL NAME], an individual residing at [EMPLOYEE ADDRESS] (the "Employee"), to and for the benefit of [COMPANY LEGAL NAME], a [STATE] [ENTITY TYPE, e.g. corporation] with its principal place of business at [COMPANY ADDRESS] (the "Company").

Recitals. The Company offers direct deposit so that the Employee's net pay and other authorized payments can be deposited electronically into one or more bank accounts the Employee designates. The Employee wishes to enroll in or change direct deposit and authorizes the Company and its payroll provider to initiate electronic credit entries on the terms below. In consideration of this arrangement, the Employee agrees as follows.

1. Authorization

1.1 Grant of authority. The Employee authorizes the Company and its designated payroll provider or financial institution to initiate electronic credit entries (and, where necessary to correct an error, offsetting debit entries) to the account(s) designated in Section 2 for the deposit of the Employee's net pay and any other payments the Company is authorized to pay by direct deposit.

1.2 Type of request. This Authorization is a [NEW ENROLLMENT / CHANGE TO EXISTING ACCOUNTS / CANCELLATION].

1.3 Governing rules. All entries will be made in accordance with the Company's payroll practices and the operating rules of the applicable electronic funds transfer network, as those rules may change from time to time.

2. Designated Account(s)

2.1 Account details. The Employee designates the following account(s) for direct deposit. The Employee certifies that the Employee is an owner of, and authorized to direct deposits into, each account listed.

Account	Bank Name	Routing Number	Account Number	Type	Amount or %
Primary	[BANK]	[ROUTING #]	[ACCOUNT #]	[CHECKING / SAVINGS]	[REMAINDER / \$ / %]
Secondary	[BANK]	[ROUTING #]	[ACCOUNT #]	[CHECKING / SAVINGS]	[\$ / %]

2.2 Allocation. If more than one account is listed, the Company will deposit the fixed amounts or percentages specified to the secondary account(s) and the remaining net pay to the account marked "remainder," up to the total net pay available.

2.3 Supporting documentation. The Employee will attach a voided check or a bank-issued direct deposit form confirming the routing and account numbers for each account, and acknowledges the Company may verify the account information before the first deposit.

3. Accuracy and Pre-Notification

3.1 Accuracy of information. The Employee is responsible for the accuracy of all account information provided. The Employee will promptly notify the Company in writing of any change to an account, bank, routing number, or closure.

3.2 Pre-notification period. The Company may require one or more pay cycles to establish or change direct deposit and may issue pay by another method (such as a paper check) until the direct deposit is active and verified.

3.3 Misdirected deposits. If a deposit is delayed or misdirected because of inaccurate or outdated information the Employee provided, the Company will use reasonable efforts to assist in recovery but is not liable for funds deposited in accordance with the Employee's instructions.

4. Adjustments and Reversals

4.1 Correction of errors. The Employee authorizes the Company to initiate a debit entry, or otherwise adjust a subsequent deposit, to correct any overpayment, duplicate payment, or erroneous deposit made to a designated account, to the extent permitted by applicable law.

4.2 Recovery of overpayments. Any recovery of wage overpayments will be made in a manner consistent with applicable wage-and-hour law, which varies by jurisdiction, and the Company will obtain any separately required written consent before making a deduction or reversal that the law requires.

4.3 Reasonable efforts. Where a reversal cannot be completed electronically, the Employee will cooperate in good faith to return any amount to which the Employee is not entitled.

5. Changes and Cancellation

5.1 By the Employee. The Employee may change or cancel this Authorization at any time by submitting a new written authorization to **[PAYROLL CONTACT / DEPARTMENT]**. A change or cancellation is effective only after the Company has had a reasonable opportunity to process it, generally **[NUMBER, e.g. one]** pay cycle.

5.2 By the Company. The Company may discontinue direct deposit, in whole or in part, with reasonable notice, including if a network or banking issue prevents processing.

5.3 Account closure. If a designated account is closed or becomes invalid, the Employee will notify the Company immediately and provide replacement account information; until then, the Company may pay by another lawful method.

6. Authorization to Share Information

6.1 Payroll provider. The Employee authorizes the Company to share the account information in this Authorization with its payroll provider and financial institution solely to administer direct deposit.

6.2 Confidential handling. The Company will treat the Employee's banking information as confidential and will use reasonable safeguards to protect it, consistent with applicable law.

7. Term and General Provisions

7.1 **Term.** This Authorization remains in effect until the Employee changes or cancels it under Section 5, the Employee's employment ends, or the Company discontinues direct deposit, whichever occurs first.

7.2 **No effect on pay rights.** This Authorization governs only the method of payment. It does not change the amount, timing, or terms of the Employee's compensation, which are governed by separate agreement and applicable law.

7.3 **Governing law.** This Authorization is governed by the laws of the State of [STATE], to the extent consistent with applicable federal and local law.

7.4 **Electronic signature.** This Authorization may be signed and submitted electronically, and an electronic signature has the same effect as a handwritten one.

7.5 **Severability.** If any provision is unenforceable, the rest remains in effect.

7.6 **Certification.** The Employee certifies that the information provided is true and accurate and that the Employee has read and understood this Authorization.

EMPLOYEE AUTHORIZATION

I authorize the Company and its payroll provider to deposit my pay by direct deposit to the account(s) above, and to make corrective entries as described. I certify the account information is accurate and that I am an authorized owner of each account.

EMPLOYEE	COMPANY (PAYROLL) USE ONLY
Signature: _____	Received by: _____
Printed name: [NAME]	Printed name: [NAME]
Title: N/A	Title: [TITLE]
Date: _____	Date processed: _____

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