



Direct Deposit Authorization

I authorize _____ (“Company”) to deposit my pay automatically to the account(s) indicated below and, if necessary, to adjust or reverse a deposit for any payroll entry made to my account in error. This authorization will remain in effect until I cancel it in writing and in such time as to afford Company a reasonable opportunity to act on it.

Employee name: _____

Name on bank account #1: _____

Bank routing number: _____ (nine digits)

Bank account number: _____ Checking Savings

Amount to deposit: Entire paycheck Specific amount: \$ _____

Balance of pay (if using two bank accounts) to:

Name on bank account #2: _____

Bank routing number: _____ (nine digits)

Bank account number: _____ Checking Savings

Important: Please attach a voided check for each bank account to which funds should be deposited.

Signature: _____ Date: _____

<p>Submit this form by:</p> <ul style="list-style-type: none">▶ Email to help@alohapayroll.com; or▶ Fax to 281-277-7644; or▶ Upload to our secure server (use the upload link at www.alohapayroll.com)
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