

## **Employee Direct Deposit Authorization**

## Instructions \_\_\_\_\_

Employee: Fill out and return to your employer.

Employer: Save for your files only.

This document must be signed by employees requesting automatic deposit of paychecks and retained on file by the employer. Do **not** send this form to Intuit. Employees must 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	O Savings	
Bank routing number (ABA number):			
Account number:			
Percentage or dollar	amount to be depos	ited to this account:	
Account 2 (remainder to be deposited to this account)			
Account 2 type:	Checking	Savings	
Bank routing number (ABA number):			
Account number:			
	attach a	a voided check for each account here	

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

Authorized signature:	_ Employee ID #:
Print name:	. Date: