



**SUPPLEMENTAL EMPLOYEE
DIRECT DEPOSIT AUTHORIZATION FORM**

The authorization form provided below gives *All-U-Need Personnel* and your financial institution authority to deposit your pay directly into your account.

INSTRUCTIONS

1. Fill in your name, bank's name, location, and the date.
2. Mark the box to indicate whether your pay will be deposited in your checking or savings account.
3. Fill in your bank routing number and account number (attach a voided check or a savings account form provided by your bank).
4. Please be sure to sign the form.
5. Return the completed form to *All-U-Need Personnel*.

AUTHORIZATION FOR AUTOMATIC PAYROLL DEPOSIT

My signature below certifies that I authorize *All-U-Need Personnel* and the bank indicated below to deposit my net pay automatically each payday. If monies to which I am not entitled are deposited to my account, I authorize my employer to direct the bank to return said funds. This authority will remain in effect until I have canceled it in writing.

Bank Name _____

Branch Address _____

City, State, Zip Code _____

Routing # _____ **Account#** _____

Checking

Savings

Name (Please Print) _____ **Date:** _____

SUPPLEMENTAL EMPLOYEE SOCIAL SECURITY NUMBER:

□ □ □ - □ □ - □ □ □ □

Signature _____