

Valley Processing Inc.

Complete Payroll Services

Employee Direct Deposit Authorization Form

Please allow up to 2 pay cycles
for live direct deposit

Company Name: _____

Employee Name: _____

Employee File #: _____

Account 1

- Savings
 Checking

Amount:
\$ _____
_____ %

Bank Name
Bank Address
Bank City, State & Zip
Routing & Transit # You must have 9 numbers for the routing.
Account # Please copy the exact numbers from your check

Account 2

- Savings
 Checking

Amount:
\$ _____
_____ %

Bank Name
Bank Address
Bank City, State & Zip
Routing & Transit # You must have 9 numbers for the routing.
Account # Please copy the exact numbers from your check

Account 3

- Savings
 Checking

Amount:
\$ _____
_____ %

Bank Name
Bank Address
Bank City, State & Zip
Routing & Transit # You must have 9 numbers for the routing.
Account # Please copy the exact numbers from your check

Account 4

- Savings
 Checking

Amount:
\$ _____
_____ %

Bank Name
Bank Address
Bank City, State & Zip
Routing & Transit # You must have 9 numbers for the routing.
Account # Please copy the exact numbers from your check

I authorize my employer _____ and its Agents including Financial Institutions, to initiate electronic credit entries, and if necessary, debit entries and adjustments for any credit entries in error to my checking and/or savings accounts listed above. This authorization will remain in effect until I have informed my employer, in writing, that I wish to cancel it and my employer has had reasonable time to effect such a cancellation.

Employee Signature

Date