



231 West 29th Street, Suite 503
New York, NY 10001
Phone: (212) 684-8827
Fax: (212) 684-6036
Email: info@basicpayllc.com

Employee Direct Deposit Authorization

Employee Instructions:

1. Complete all required information.
2. Include voided check and/or bank letter.
3. Sign the bottom of the form.
4. Retain a copy of this form. Return the original to your employer.

Employee Required Information - Please Print

Company Name: _____

Employee Name: _____

Social Security #: ____-____-____ / ____-____-____ / ____-____-____

I would like my wages/salary deposited to the following bank account(s):

Checking Savings

Bank Name: _____

Important!

***Must attach a voided check – original or copy
or provide bank correspondence confirming Account # and Bank Routing/ABA***

Routing Number/ABA Number _____

(The routing/ABA number is the 9 digit number that can be found at the bottom of your check)

Account # _____

Entire Net Pay

_____% of Net Pay

Specific Dollar Amount \$____.00

I hereby authorize my employer, (hereinafter COMPANY), to deposit any amounts owed me by initiating credit entries to my account at the financial institution (hereinafter BANK) indicated above. Further, I authorize BANK to accept and to credit any credit entries indicated by COMPANY to my account. In the event that COMPANY deposits funds erroneously into my account, I authorize COMPANY to debit my account for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until COMPANY and BANK have received written notice from me of its termination in such time and in such manner as to afford COMPANY and BANK a reasonable opportunity to act on it.

Employee Signature: _____

Date: ____ / ____ / ____