

## Employee Direct Deposit Authorization

This form authorizes **Gehman Accounting** to send credit entries electronically to my account(s) indicated below. This authorizes the financial institution holding the account to post all such entries. I agree that the ACH transactions authorized herein shall comply with all applicable U.S. Law. This authorization will be in effect until the company notifies **Gehman Accounting** of any changes.

**Employee Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Company Name: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Email: \_\_\_\_\_

Last four digits of your S. S. #: \_\_\_\_\_

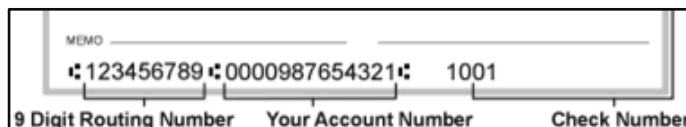
Bank Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account Type: ☐ Checking ☐ Savings

Sample Check:



Do you want your check split into two accounts? ☐ Yes ☐ No

Bank Name: \_\_\_\_\_

Account #: \_\_\_\_\_

Routing #: \_\_\_\_\_

Account Type: ☐ Checking ☐ Savings

Amount to Deposit: \_\_\_\_\_

(% or \$ amount) Note: the remainder will go into the first account listed.