



**DIRECT DEPOSIT AUTHORIZATION – FOR EMPLOYEE USE**  
**A VOIDED CHECK OR BANK VERIFICATION MUST BE ATTACHED TO THIS FORM**

**THERE MAY BE A ONE WEEK PRE-NOTE FOR ALL DIRECT DEPOSITS**

**EMPLOYEE INFORMATION:** \_\_\_\_\_ **Cancel**

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

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Client Company: \_\_\_\_\_

Name of Banking Institution	Checking ___ Savings ___
Account Number	Dollar Amount \$
Routing Number	Percentage %

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Account Number	Dollar Amount \$
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I hereby authorize INTEGRITY EMPLOYEE LEASING, hereinafter called INTEGRITY, to initiate credit entries to the account indicated above at the depository named above, hereinafter called DEPOSITORY. In the event that INTEGRITY deposits funds erroneously into my DEPOSITORY, I authorize INTEGRITY to debit my DEPOSITORY for an amount not to exceed the original amount of the erroneous credit.

This authorization is to remain in full force and effect until INTEGRITY has received written notification from me of its termination in such time and manner as to afford INTEGRITY and the DEPOSITORY reasonable opportunity to act upon it.

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date

**Please Note: Funds transferred by electronic transmission normally post to accounts on your normal payday. Employee remains responsible for verifying that the funds are deposited, cleared and are available prior to writing checks or debiting account versus any automatically transmitted amount.**

<b>FOR INTERNAL USE ONLY</b>			
1) Signature of Entry	_____	Initials	____/____/____ Date
2) Double Checked	_____	Initials	____/____/____ Date