



**EMPLOYEE
DIRECT DEPOSIT
AUTHORIZATION**

Instructions

Employee: Fill this form out, attach a voided check, and return to your employer.

Employer: Send a copy to Works & Company, then save the original for your files.

This document must be signed by the employees requesting automatic deposit of paychecks and retained on file by the employer. Employees must attach a voided check or account verification from the bank to help verify their account numbers and bank routing numbers.

Employee Information

Employee Name _____

Birth Date: ____ / ____ / ____

E-Mail Address _____

Bank Account Information

Account Type: Checking Savings

Bank Name: _____

Bank Routing Number : _____

Account Number: _____

attach a voided check or printed account verification for the bank account here

Authorization

This authorizes Works & Company, LLC (the "Company") to send credit entries, electronically or by any other commercially accepted method, to my (our) account indicated above (the "Account"). 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. Laws. This authorization will be in effect until the Company receives a written termination notice from myself or my employer, and has reasonable opportunity to act on it.

Authorized Signature: _____

Print Name: _____

Date: _____